

Medical Economics

Published every other Monday • Issue of April 10, 1961



V 254906
APR 13 1961



Are Blue Shield patients taking advantage of you?



**I'll never overpay
my taxes again**

*Doctors on strike:
a case study*

look at all the 'special risk'
patients who can use

TENUATE

diethylpropion

(the anorexic with no
reported contraindications)



hunger control with less than 1% CNS stimulation

Dosage: One 25 mg. Tablet one hour before meals, or 1 new TENUATE DOSPAN Tablet (75 mg.) daily, in midmorning, swallowed whole. An additional 25 mg. Tablet may be taken in midevening to control nighttime hunger.

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What's ahead for you

Medical Economics, April 10, 1961

WILL YOUR GROWTH STOCKS keep growing? The best single test is earnings per share, one advisory service says. Its counsel: If earnings fall more than 10 per cent, sell. Stocks the service recently dropped from its list for backsliding include American-Marietta, Carter Products, Polaroid, Ryder System, Standard Shares, Universal Controls.

BEST IDEA FOR REFRESHER COURSES at home may be RCA's TV tape player, now being developed. When it hits the market, says David Sarnoff, you'll be able to run taped lectures and demonstrations by front-rank specialists through your own television set.

WILL VOLUNTARY HOSPITALS GO BROKE? Runaway costs are making more and more A.H.A. leaders worry about this question. They predict that during the 1960s hospital costs will rise to \$60 per patient-day, double the 1959 figure.

IF YOU'RE EXPECTING an addition to the family, better consult an attorney as well as an obstetrician. In many states, the birth of a child not provided for in your will can void the document—at least in part.

THOSE 4½ PER CENT INTEREST RATES that West Coast savings and loan associations are now

...What's ahead for you

offering you may soon be cut. Treasury Secretary Dillon has threatened California S&Ls with Government regulation unless they lower their rates. This, the Administration hopes, will bring mortgage rates down and thus stimulate home building.

YOUR ELDERLY PATIENTS may soon be able to buy major medical coverage at rock-bottom prices. Insurers, with medical society backing, are seeking a new law in Connecticut allowing them to pool resources to offer "over-65" policies at no profit. If the law passes, as expected, the plan probably will spread to other states.

WANT TO CHARTER A YACHT for your vacation this year? If so, a luxury cruiser with crew and meals probably will cost you \$30 to \$50 per person per day. But if you shop around now, you may find bargains, such as a six-day schooner cruise recently offered for \$100 a person.

YOU'LL BE ABLE TO CONVERT G.I. insurance to a low-cost permanent life policy under a measure likely to pass the Senate this year. The bill, already O.K'd in the House, will let you swap either term or permanent G.I. insurance for a like amount of level-premium coverage with cash and loan values. For example, if you're 40, you'll pay \$140.90 a year on a \$10,000 policy to age 65. Then coverage will be halved.

when you treat the menopause...

consider that current medical opinion favors estrogens

"...the outstanding menopausal change is the sharp fall in the excretion of estrogens, generally followed by a rise in pituitary gonadotrophins. The logical treatment for this menopausal revolution in the hormone field seems to be substitution therapy, aiming at restoring, at least partly, the normal premenopausal hormone balance....

Androgens, sedatives and tranquilizers are all helpful in some ways, but none of them is anything like so efficacious as the estrogens."*



in the menopause—there is
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*Transatlantic Telephone Symposium, *The Effect of Estrogens in the Menopause*,
Amsterdam/New York, 1959. Transcript available on request.

Published, J.M.A. Alabama 29:448 (May) 1960.

when you prescribe Carbital, you prescribe sleep

With Carbital (pentobarbital sodium and carbromal in Kapseals and Elixir form), patients get to sleep...and sleep throughout the night...awaken fresh and alert. For the best sleeping drug in America, ask



Medical Economics

National business magazine for physicians, April 10, 1961

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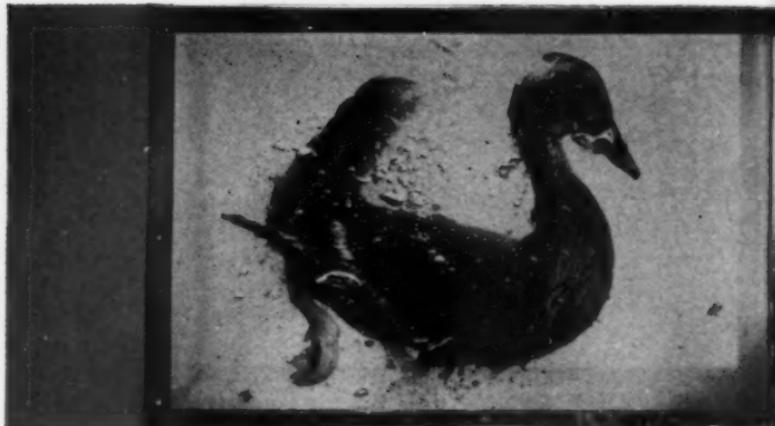
Patients love his written instructions! 81

His patients are pleased, this doctor says, because each one gets a 'prescription.' But only one Rx in his every four can be filled at a drugstore. The others may order anything from omelets to voodoo

How I answer requests for padded bills. 87

Plagued by patients who want you to back up inflated tax deductions for medical expenses? Here's how one M.D. solves the problem

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in functional constipation

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Water doesn't roll off this duck's back... because the water is Surfak-treated. Surfak decreases interfacial tension between water and oil... penetrates the natural oils in the feathers, permits water absorption, adding weight so that the duck sinks.

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Afraid of I.R.S. bogeymen for years, this doctor now uses 'legitimate boldness' in deducting a number of unreceipted cash expenses



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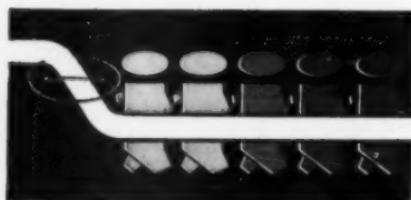
Practice problems on your mind?

Maybe a problem in your office routine has you stumped—about billing, perhaps, or collections, or your aide's duties, or your professional- or patient-relations. Why not put it to the six experts who write the MEDICAL ECONOMICS feature, Practice Management Question Box?

If your query is of profession-wide interest, it may be answered in print—with an advance copy to you. If not, it will be answered by mail.

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1. A.M.A. Council on Drugs: New and Nonofficial Drugs 1961, Philadelphia, Lippincott, 1961, p. 657. 2. Jackson, D., and Oakley, W.: Lancet 2:752, 1959. 3. Blöch, J., and Lenhardt, A.: Ann. New York Acad. Sc. 74:954, 1959. 4. Hamwi, G. J., and Skillman, T. G.: Postgrad. Med. 27:687, 1960.

FOR MAXIMAL ASSURANCE OF CONTINUOUS BLOOD-SUGAR CONTROL WITH ORAL THERAPY—DIABINESE

to realize the full potential of oral therapy

to replace or reduce insulin dosage

to ensure control where diet alone has failed

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Like insulin, DIABINESE dosage must be regulated to individual patient requirements. Average maintenance dosage is 100-500 mg. daily. For most patients the recommended starting dose is 250 mg. given once daily. Geriatric patients should be started on 100-125 mg. daily. A priming dose is not necessary and should not be used; most patients should be maintained on 500 mg. or less daily. Maintenance dosage above 750 mg. should be avoided. Before initiating therapy, consult complete dosage information.

SIDE EFFECTS: In the main, side effects, e.g., hypoglycemia, gastrointestinal intolerance, and neurologic reactions, are related to dosage. They are not encountered frequently on presently recommended low dosage. There have been, however, occasional cases of jaundice and skin eruptions primarily due to drug sensitivity; other side effects which may be idiosyncratic are occasional diarrhea (sometimes sanguineous) and hematologic reactions. Since sensitivity reactions usually occur within the first six weeks of therapy, a time when the patient is under very close supervision, they may be readily detected. Should sensitivity reactions be detected, DIABINESE should be discontinued.

PRECAUTIONS AND CONTRAINDICATIONS: If hypoglycemia is encountered, the patient must be observed and treated continuously as necessary, usually 3-5 days, since DIABINESE is not significantly metabolized and is excreted slowly. DIABINESE as the sole agent is not indicated in juvenile diabetes mellitus and unstable or severely "brittle" diabetes mellitus of the adult type. Contraindicated in patients with hepatic dysfunction and in diabetes complicated by ketosis, acidosis, diabetic coma, fever, severe trauma, gangrene, Raynaud's disease, or severe impairment of renal or thyroid function. DIABINESE may prolong the activity of barbiturates. An effect like that of disulfiram has been noted when patients on DIABINESE drink alcoholic beverages.

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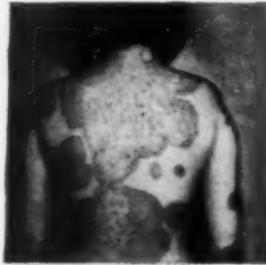


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1. Welsh, A. L.: Report, Conference on the Management of Chronic Dermatoses, University of Cincinnati College of Medicine, Cincinnati, Ohio, Nov. 4-5, 1959.

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1. Dugger, J. A.: J. Michigan M. Soc., 59:1812 (Dec.) 1960.

Medrol^{*} Medules[†]

^{*}Trademark, Reg. U. S. Pat. Off.

[†]Trademark

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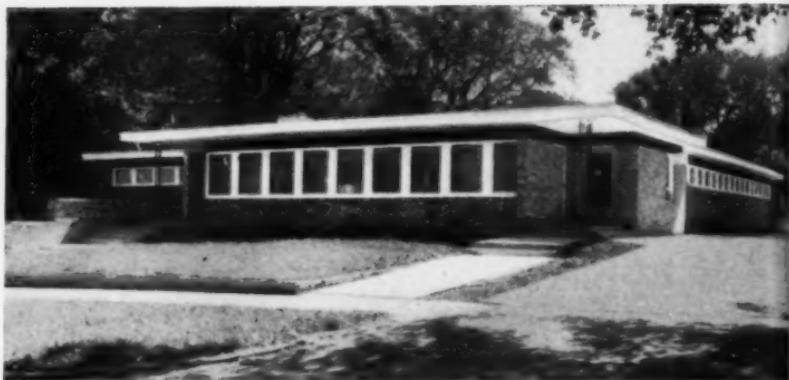
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The reason is simple: persistent, significant loss of weight, up to 30 weeks in reported cases, helps to preclude the "weight plateau" that so often discourages dieters after a few weeks. Thus, time and will become your allies in changing the patient's dietary habits built over months or years of weight accumulation. Didrex may be used in closely supervised diabetic, coronary insufficient, and hypertensive patients.

BRIEF BASIC INFORMATION

Description: Didrex is the Upjohn brand of benzphetamine hydrochloride [(+)-N-benzyl-N, α -dimethylphenethylamine hydrochloride]. A sympathomimetic compound with marked anorectic action and relatively little stimulating effect on the CNS or cardiovascular system.

Indications: Control of exogenous obesity.

Contraindications: None known to date. However, use with caution in moderate or severe hypertension, thyrotoxicosis, acute coronary disease, or cardiac decompensation.

Dosage: Initiate appetite control with $\frac{1}{2}$ to 1 tablet (25 to 50 mg.) in mid-morning or mid-afternoon, according to the patient's eating habits for several days. Then "adjust" dosage to suit each patient's needs to a maximum of 3 tablets daily (150 mg.).

Side Effects: No effects on blood, urine, renal or hepatic functions have been noted. Minimal side effects have been observed occasionally: dry mouth, insomnia, nausea, palpitations and nervousness.

Supplied: 50 mg., benzphetamine hydrochloride, press-coated, scored tablets, bottles of 100 and 500.

***Trademark** — brand of benzphetamine hydrochloride, Upjohn.

References: 1. Stough, A. R.: Weight loss without diet worry: use of benzphetamine hydrochloride (Didrex). *Journal of the Oklahoma State Medical Association*, 53:760-767 (November) 1960. 2. Oster, H., and Medlar, R. A clinical pharmacologic study of benzphetamine (Didrex), a new appetite suppressant. *Arizona Medicine*, 17:398-404 (July) 1960. 3. Simkin, B., and Wallace, L.: A controlled clinical trial of benzphetamine (Didrex). *Current Therapeutic Research*, 2:33-38 (February) 1960.



ANEMIA?

Your examination strongly suggests patient anemia. Here's how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis...and check the effectiveness of progressive treatments.



Used by doctors over four million times last year, the AO Hb-Meter can deliver hemoglobin determinations in less time than it takes to make an oral temperature reading.

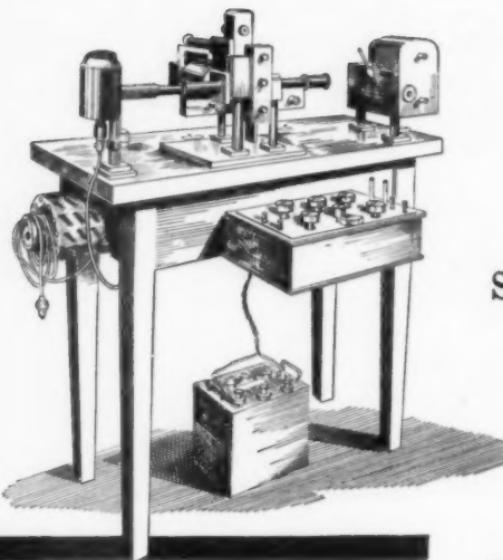
A drop of blood is placed on the glass slide, agitated with an applicator, inserted in the instrument and the reading appears directly on the built-in scale.
Pocket-size...you can use it anywhere.

Ask your Surgical Supply dealer for a demonstration or write:



American Optical Company

INSTRUMENT DIVISION • BUFFALO 15, N. Y.



do you
still need
special
skills
to run
your own
'cardiograms?

There was a time when you almost did need an electrical engineer's talents to run a clear, clinically accurate 'cardiogram . . . when ECG's were like the one pictured — a Sanborn \$1500 "table model" of the mid-1920's. But Sanborn ECG's today use every proven advantage of modern electronic instrument design to give you and your technician equipment which is extremely compact, portable and easy to use — with such conveniences as automatic grounding . . . amplifier stabilization as leads are switched by a single control . . . choice of sensitivities and chart speeds . . . quick, easy paper loading . . . and a choice of three models to suit the needs of your practice: the 12-pound portable *Visette*, the 2-speed, highly versatile *100 Viso*, and its mobile counterpart, the *100M Mobile Viso*.

Your nearby Sanborn man has shown a growing number of your colleagues how easy it is to use a Sanborn ECG in their offices and on call, and add this valuable diagnostic facility to their practices. He'll be glad to do the same for you. Call him today for full details.



SANBORN COMPANY
MEDICAL DIVISION

175 Wyman St., Waltham 54, Massachusetts



CYCLEX®

HYDRODIURIL® WITH MEPROBAMATE
HYDROCHLOROTHIAZIDE

for EDEMA...CYCLEX provides the prompt diuresis of HYDRODIURIL for rapid reduction of weight gain, breast fullness, abdominal congestion

to relieve the symptoms of premenstrual tension

for MOOD-CHANGES...CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS...CYCLEX affords quick-acting relief of nausea and bloating associated with premenstrual tension

SUPPLIED: Tablets, bottles of 100. Each tablet contains 25 mg. of HYDRODIURIL (hydrochlorothiazide) and 200 mg. of meprobamate.

DOSAGE: Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses. CYCLEX may be continued through the menstrual period.

Before prescribing or administering CYCLEX, the physician should consult detailed information on use accompanying package or available on request.

CYCLEX and HYDRODIURIL are trademarks of Merck & Co., Inc.



MERCK SHARP & DOHME
Division of Merck & Co., Inc.
West Point, Pa.

WHAT'S **NEW** AND SPECIFIC FOR NIGHT CRAMPS



RONIACOL TIMESPAN

TABLETS

SAFE, SPECIFIC PERIPHERAL VASODILATOR IN THE NEW SUSTAINED-RELEASE FORM

CREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS

USUALLY GOOD¹⁻³ VASODILATION Roniacol Timespan produced significant or complete relief of night cramps in a majority of patients.² Action: specific dilation of peripheral vessels.³ Result: Roniacol increases blood flow to ischemic extremities.³⁻⁵

ONE DOSE EFFECTIVE ALL NIGHT New, sustained-release Roniacol Timespan brings convenience and protection to your patients with night cramps—precludes interrupted sleep by providing nightlong prophylaxis with a single evening dose.

CONTRAINDICATIONS—NEGLIGIBLE SIDE EFFECTS Unlike sympathetic blocking agents, Roniacol is selective—produces no cardiac stimulation, no hypotension, no gastrointestinal stimulation⁶⁻⁷ may be used safely in the presence of gastritis, peptic ulcer or coronary disease. Of 264 patients on Roniacol Timespan, only thirteen experienced side effects—none of them major.³

RONIACOL TIMESSPAN tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, nose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Buerger's syndrome and vertigo due to impaired cerebral circulation.

USAGE: One or two Roniacol Timespan tablets in the morning and at night.

PRECAUTIONS: Tablets of 150 mg, bottles of 50. When prolonged effects not desired, prescribe Roniacol Tartrate Tablets, 50 mg, Roniacol Elixir, 50 mg per teaspoonful (5 cc.).

REFERENCES: 1. R. E. Sumner, Personal Communication. 2. Reports file, Roche Laboratories. 3. E. C. Texier, et al., Am. J. M. Sc., 240:408, 1952. 4. M. M. Fisher and H. E. Tebroke, New York Med., 53:65, 1953. 5. I. H. Richter, et al., New York J. Med., 51:1303, 1953. 6. G. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 7. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959. Roniacol®—brand of beta-pyridyl carbinol, Timespan®.



ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley 10, N. J.



in depression
for greater
emotional stability
in the aging patient

Tofrānil® Tablets of 10 mg. for geriatric use
brand of imipramine hydrochloride

Geigy

During the declining years, frustration arising from declining capacity to participate in social and family activities often leads to depression, manifested frequently in unpredictable swings of mood.¹

The value of Tofrānil in restoring the depressed elderly patient to a more normal frame of mind has received strong support from recent studies.¹⁻³ Under the influence of Tofrānil, such symptoms as irascibility, hostility, apathy and compulsive weeping are often strikingly relieved with the result that life becomes easier both for the patient and those around him.

Since the dosage requirements of elderly patients are lower than those of the non-geriatric patient, Tofrānil is made available in a special low dosage 10 mg. tablet

designed specifically for geriatric use. Full product information regarding dosage, side effects, precautions and contraindications available on request.

References: 1. Cameron, E.: Canad. Psychiat. A. J., Special Supplement 4:S160, 1959. 2. Christe, P.: Schweiz. med. Wchnschr. 90:586, 1960. 3. Schmied, J., and Ziegler, A.: Praxis 49:472, 1960.

Tofrānil®, brand of imipramine hydrochloride. Triangular tablets of 10 mg. for geriatric use; also available, round tablets of 25 mg., and ampuls for intramuscular administration only, each containing 25 mg. in 2 cc. of solution (1.25 per cent).

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York

TO-657-41

Professional briefs

Medical Economics, April 10, 1961

IS BLUE SHIELD still the "doctors' plan"? Yes, despite the efforts of some state insurance commissions to cut down the numbers of medical men on boards. A new report from the national association of Blue Shield plans shows that 905 of 1,330 board members are physicians.

YOU MAY BE TEMPTED TO COLLECT through your patient's boss by telling him that his employe owes you money. Resist the temptation, warns New York Attorney Allan Parker. The patient could sue if your words got him fired, or just sue for slander. Anyway, a boss can't deduct from a paycheck without the worker's consent.

MEDICINE MAY GAIN 2,000 M.D.s in California this spring. If D.O.s and M.D.s there merge, as they're expected to do, the Los Angeles osteopathic college will be medically accredited. Then, after a year's wait, the one in ten California physicians who hold D.O. degrees can receive their M.D. degrees and be free to practice as medical men.

TO GET AN "INFORMED CONSENT" from a patient that will stand up in court today, what must you do? "You must spell out the risks," says Dr. Leo J. Adelstein, a Los Angeles medical examiner. "Before a thyroidectomy, for example, you've got to get the patient to sign a statement saying he understands he may lose

...Professional briefs

his voice, that his bulging eyes may persist, etc. You've got to say in so many words that you're giving no assurance as to results."

TOO MANY SPECIALISTS? There may be in the half-dozen areas that have the highest proportion of specialists to population. Here are the figures, based on number of people per specialist: District of Columbia, 790; New York, 1,374; Connecticut, 1,483; California, 1,621; Massachusetts, 1,720; and Colorado, 1,768.

DOCTORS AGAINST POOR PEOPLE—that's the image the A.M.A. has created in its public efforts against the Kennedy health program, comments one member of the House Ways and Means Committee. "Whenever doctors fight their battles in the press or on TV," he told this magazine, "they make it more difficult for those of us in Congress who share their views. How can they help? By confining their efforts to discussions with patients who trust them."

PAP SMEARS AS BIRTHDAY PRESENTS? In a drive launched today, the General Federation of Women's Clubs will urge each of its million members to go to a doctor on her birthday for a uterine cancer test. The ladies are expected to pay your usual fee for the tests, according to campaign organizers.

In diaper rash—regardless of severity



Three-month-old infant hospitalized with severe diaper rash as shown



Improvement as shown three weeks after start of **METHAKOTE**

methakote* **pediatric creme**

produces prompt, often dramatic, relief and healing without resort to topical corticosteroids and antibiotics

promotes rapid healing through tissue-regenerative effect of a protein hydrolysate fortified with amino acids... provides prompt relief of discomfort...helps prevent recurrences...provides soothing and lubricating action... nonstaining, greaseless, washable

METHAKOTE pediatric creme — Borden's unique amino acid/antiseptic formula

Supplied: 1½ oz. tubes and 3 oz. economy-size tubes.



Pharmaceutical Division, 350 Madison Avenue, New York 17, N. Y.

*TRADE MARK OF THE BORDEN COMPANY



how does Mellaril differ from other potent tranquilizers?



Mellaril®

THIODIAZINE HCl
specific, effective tranquilizer



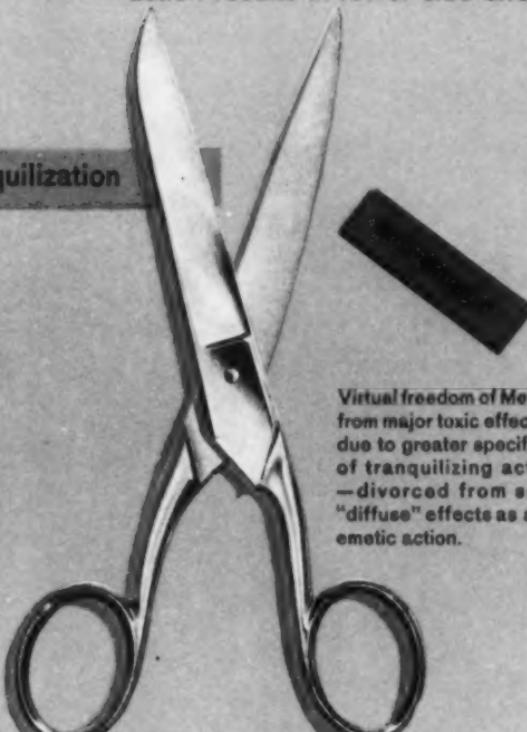
*provides highly effective tranquilization,
relieves anxiety, tension, nervousness,
but is virtually free of such toxic effects as*

*jaundice
Parkinsonism
blood dyscrasia
dermatitis*

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Supply

*greater specificity of tranquilizing
action results in fewer side effects*

tranquilization



**Virtual freedom of Mellaril
from major toxic effects is
due to greater specificity
of tranquilizing action
—divorced from such
"diffuse" effects as anti-
emetic action.**

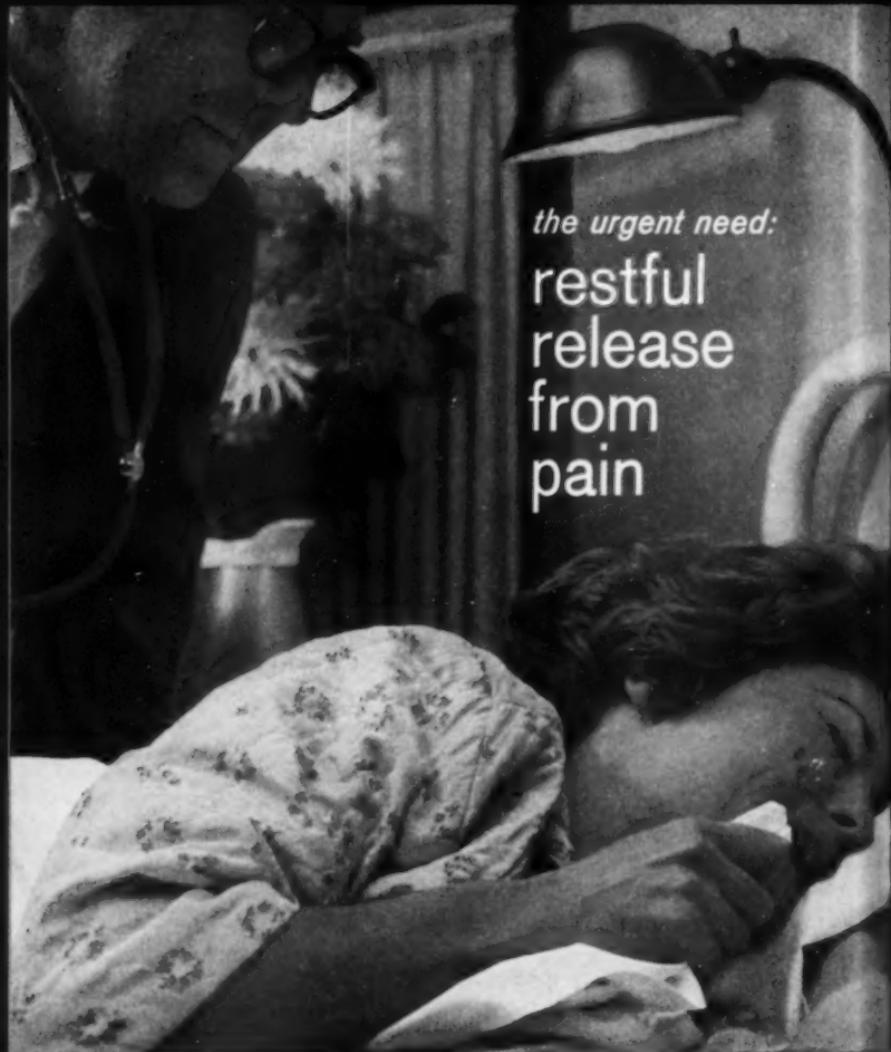
"The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

"In conclusion it may be said that thioridazine is at least as effective in relieving psychiatric illness as other drugs of its class. On a milligram for milligram basis it has the same order of potency as chlorpromazine. In its low incidence of side-effects and toxicity, it is superior to all other tranquilizing drugs tested. For this reason it is well tolerated by patients, particularly those who are not hospitalized and who frequently discontinue their medication with other drugs because of dizziness, sleepiness, increased tension, or Parkinsonism."¹

Supply: MELLARIL Tablets, 10 mg., 25 mg., 100 mg.



McGraw-Hill, Jr. Major psychotrophic drugs in treatment of nervous disorders, J.A.M.A. 179:228, July 15, 1963.



the urgent need:
**restful
release
from
pain**

AHR

PHENAPHEN
(Basic formula)

In each capsule: Phenacetin (2 gr.) 194.0 mg.;
acetylsalicylic acid (2½ gr.) 182.0 mg.; hyos-
cynamine sulfate 0.031 mg.; and phenobarbital
(½ gr.) 16.2 mg.

AHR

PHENAPHEN No. 2

Phenaphen with Codeine ½ gr.

AHR

PHENAPHEN No. 3

Phenaphen with Codeine ½ gr.

AHR

PHENAPHEN No. 4

Phenaphen with Codeine 1 gr.

SUPPLY: Bottles of 100 and 500 capsules.

sedative-enhanced analgesia

To each "according to his need" — maximum safe analgesia through time-and-pain-tested synergistic formulations, in four strengths for individualized prescription.

PHENAPHEN® 

PHENAPHEN® WITH CODEINE

1/4 gr. - ½ gr. - 1 gr.

A. H. ROBINS CO., INC., Richmond 20, Virginia
Making today's medicines with integrity... seeking tomorrow's with persistence

No — sur-
adoles-
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the 'teens—a time of transition

No longer a child, not yet a woman—surely the period of early female adolescence when your special counseling is needed. A word of professional advice to the youngster of menarche age may quiet her apprehensions and prepare her to accept all the important transitions of the female cycle. When your advice includes the use of Tampax®—the modern tampon method of protection—you are offering, in addition, the reassurance of safe, complete, discreet menstrual hygiene.

Tampax is frictionless and nonirritating—scientifically designed to conform to the female structure. It will not cause erosion or block the menstrual flow. Because Tampax provides *internal* protection, it does not favor the development of odor or establish a bridge for the entry of

pathogenic bacteria. Tampax *does* afford easy management, easy disposal. And since wide clinical evidence confirms that virginity is not a contraindication to its use, Tampax is suitable for every age of the menstrual span. Youngsters especially appreciate Tampax at gym and swim time. There are no encumbrances to interfere with activity or to cause embarrassment. The older girl favors Tampax because of the social poise it makes possible, despite "the time of the month." Tampax is available in three absorbencies to meet varying requirements.

Why not suggest "Tampax" to your 'teenage patients? Its matter-of-fact simplicity, safety and security are outstanding features—sure to be welcome now and in the years ahead. Tampax Incorporated, Palmer, Mass.



*Top-rated topical for
your treatment table...
for your prescription use*

EFFECTIVE AND SAFE FOR CUTANEOUS

BACTERIAL INFECTIONS—*Impetigo* and *pyoderma* responded promptly to FURACIN: "treatment was usually necessary for only several days or one week at most." There was a low incidence of hypersensitivity: only 1 reaction among the 92 FURACIN-treated patients with these conditions. Application of FURACIN to *infected, chronic leg ulcers*, "previously resistant to many types of treatment, was attended by marked clearing of the infection and healing of the ulcerations without any adverse reaction."

In the over-all group of 212 dermatologic patients, FURACIN (Soluble Dressing, Cream or Solution, applied three times daily) was also successful in treating *furunculosis*, *folliculitis*, *pustular acne*, *sycosis vulgaris barbae*, and *ecthyma*. Hypersensitivity may be minimized by limiting application to "the recommended five-to-seven-day period," particularly "in lesions overlying a large, active vascular bed. . . ."

Weiner, A. L., and Fixler, Z. C.: *J.A.M.A.* 169:346, 1959.

- broad bactericidal range includes certain stubborn staphylococcal strains
- has not developed significant resistance
- nontoxic and nonirritating
- does not retard epithelialization
- low sensitization rate
- stable and long-acting, even in exudates

FURACIN

brand of nitrofurazone

- Soluble Dressing • Soluble Powder
- Solution • Cream • HC Cream (with hydrocortisone) • and other special formulations for every topical need



EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK

Letters

Medical Economics, April 10, 1961

Thanks for referrals

SIRS: "Let's Have a Fairer Deal for the Referring Family Doctor!" prompts me to write about a system that our clinic uses with great success. In referred cases, the following notice is sent out with the patient's bill: "This statement for professional services does not include the fee for assistance rendered by your own physician. He has also provided valued services and deserves your prompt consideration."

An identical notice is sent to the referring doctor, with this addition: "This enclosure has accompanied the statement sent from this office on this date. I trust it will assist you in collecting the amount due you . . ." We've had very good reactions from both patients and referring physicians.

—Joseph B. Davis, M.D.

Marion, Ind.

Non-M.D. doctors

SIRS: "Status Report on Those Non-M.D. Doctors" didn't quite pin down the M.D.'s proper attitude toward referrals from

non-M.D.s. I believe it's proper to accept a referral from anyone. It's not necessary to consult with non-M.D. doctors. But I believe an M.D. should treat any patient regardless of whether he's self-referred, patient-referred, M.D.-referred, osteopath-referred, or even chiropractor-referred.

—Donald D. Gnose, M.D.

Missoula, Mont.

Too little to charity?

SIRS: I was shocked by one item in "How a \$21,000-a-Year Medical Family Lives." It's shameful and disgraceful, in my opinion, when a doctor in this income bracket gives only \$400 a year to charity. No wonder the public is losing its respect for our profession!

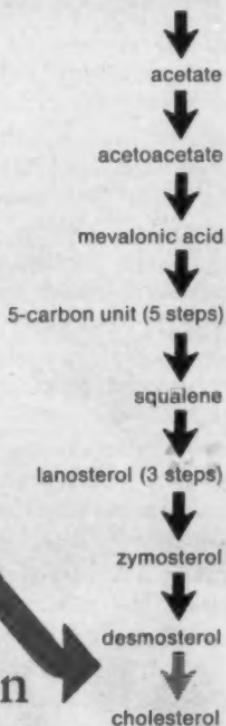
—Nathan E. Silbert, M.D.

Lynn, Mass.

SIRS: . . . I think the \$21,000-a-year doctor is missing out on a lot by not giving more in donations. If he continues to save at his present rate, he'll have an estate of around \$250,000 when he's 65. I wonder if he's

1 2 3
specific, demonstrated inhibition
of cholesterol biosynthesis...

site of MER/29 action



1. The primary, the *only* known action of MER/29 is to lower the total body pool of sterols (serum and tissue); no effect on any other system or organ reported to date.
2. "Using each patient as his own control, the peak *total* sterol radioactivity after injection of mevalonic acid-2-C¹⁴ was compared on and off MER/29. As much as a 50 per cent inhibition on MER/29 was observed in some patients."
—Steinberg, D.; Avigan, J., and Feigelson, E. B.: Circulation 22:663 (Oct.) 1960.
3. "Studies of lipid metabolism have stressed the importance of cholesterol biosynthesis, as opposed to cholesterol intake, in determining cholesterol balance."
—National Heart Institute: Diet, Hormones, and Atherosclerosis..., Bethesda, Md., U.S. National Institutes of Health, 1958.

...leading to specific, demonstrated advantages in cholesterol-lowering therapy

particularly in patients with coronary artery disease, generalized atherosclerosis, and other conditions thought to be associated with abnormal cholesterol metabolism

MER/29 REDUCES CHOLESTEROL IN AS MANY AS 8 OUT OF 10 PATIENTS: MER/29 reduces both serum and tissue cholesterol without strict adherence to diet. Although some physicians prefer to use MER/29 in conjunction with controlled diets, cholesterol can be reduced successfully without such limitation.

CONCURRENT BENEFITS REPORTED IN SOME PATIENTS: In patients with coronary artery disease, some of the concurrent benefits reported include decreased incidence and severity of anginal attacks, improved ECG patterns, diminished nitroglycerin dependence, and increased sense of well-being.

MER/29 HAS PRODUCED FEW SIDE EFFECTS, NO TOXICITY: Patients have been treated with MER/29 for continuous periods up to 19 months. In no case has there been evidence of serious toxic effects on the function of any vital organ or system. Side effects (nausea, headache, dermatitis) are rare and have usually been associated with dosages greater than those recommended for effective therapy.

MER/29 is compatible with other cardiovascular therapies. It can be used along with measures which control anxiety, hypertension, obesity and other conditions associated with cardiovascular disorders. These include nitroglycerin, PETN, and anticoagulants.

CAUTION: Since long-term MER/29 therapy may be necessary, periodic examinations, including liver function tests, are desirable. Also, since MER/29 inhibits cholesterol biosynthesis, and cholesterol plays an important role in the development of the fetus, the drug is *contraindicated in pregnancy*.

DOSAGE: One 250 mg. capsule daily, before breakfast.

SUPPLIED: Bottles of 30 pearl gray capsules.

Complete bibliography and product information available on request.

MER/29

(triparanol)



*The Wm. S. Merrell Company
Division of Richardson-Merrell Inc.
Cincinnati, Ohio • Weston, Ontario*

Trademark: MER/29®

...Letters

ever figured out what a chunk the Government is going to take out of that sum in inheritance taxes. How much better it would be for him to give more now to worthy causes.

—John R. Rodger, M.D.
Bellaire, Mich.

Tax informers should pay!

SIRS: Your article on tax informers leaves me wondering about the plight of the taxpayer who has been put on the spot and then clears himself. In such cases, I think the informer should pay for the accounting services required by the taxpayer to prove his innocence.

—M.D., New York

Aides' salaries

SIRS: "What Doctors Pay Their Aides" makes me wonder why so many of us underpay. We often use the excuse that we can't compete with industry. Why not? We shouldn't be embarrassed to raise our fees, if we have to, in order to provide good wages for our aides. The

patient will benefit through the better service he'll get.

—Donald C. Ausman, M.D.
Milwaukee, Wis.

Faster billing

SIRS: "How a Peg Board Speeds Billing" really struck home. My 600-piece monthly mailing was getting to be a problem. The day after I read your article, I ordered a peg board. Each month, I figure, it will save my two aides four days' time apiece.

—Allan B. Coleman, M.D.
Washington, D.C.

Comparative economics

SIRS: I'm grateful for articles like "How Salaried Specialists Are Faring." We doctors *do* have trouble finding out how we compare with others. I hope you'll run more such articles.

—Alexander Bushmer, M.D.
Orange City, Iowa

Collections down

SIRS: Comparing my collections with the figures you printed in "How Your Collection Ratio Compares," I find that over the

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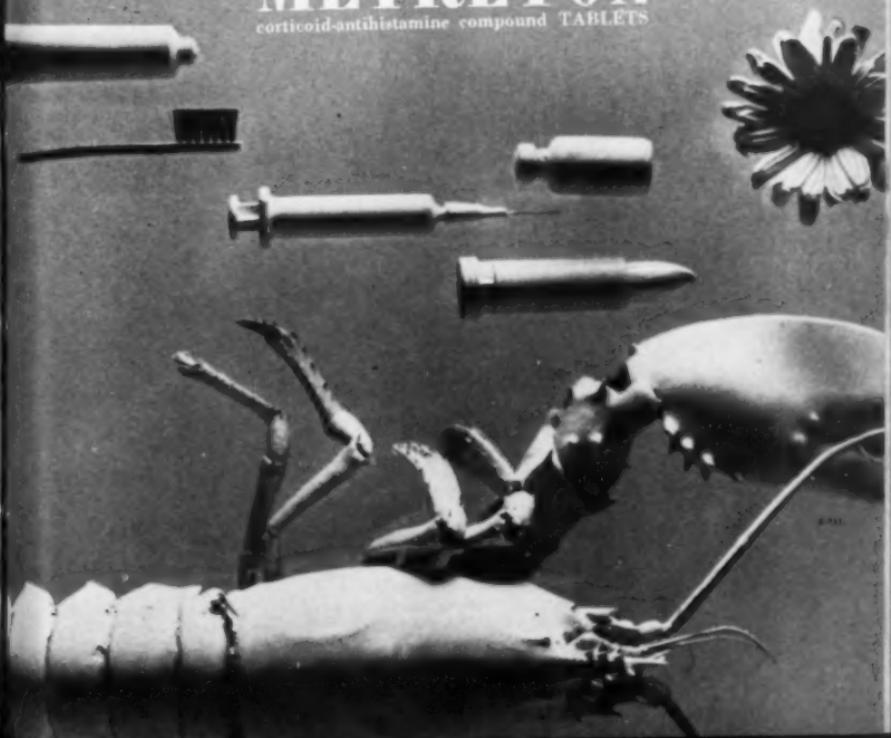
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Schering

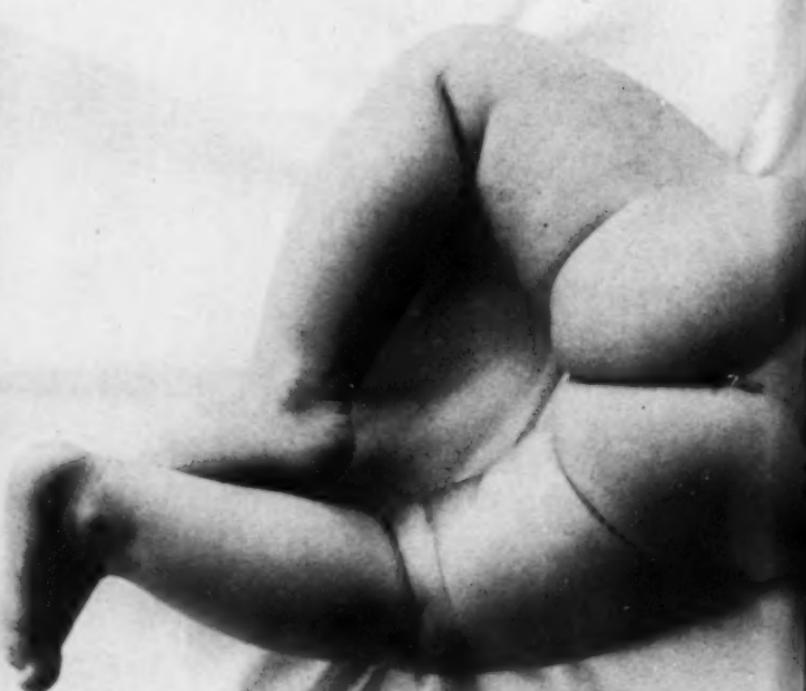
for allergies that are "out of control"

METRETON®

corticoid-antihistamine compound TABLETS



are opiates now outmoded in pediatric diarrhea?



References: 1. Hock, C. W.: M. Times 88:320, 1960. 2. McHardy, G.; Browne, B. McHardy, R.; Bodet, C., and Ward, S.: Am. J. Gastroenterol. 24:601, 1955. 3. Robin, B. A.: Maryland State M.J., in press. 4. Farchione, L. A.: Arch. Pediat., Jan. 1961.

WHITE LABORATORIES, INC., Kenilworth, New Jersey



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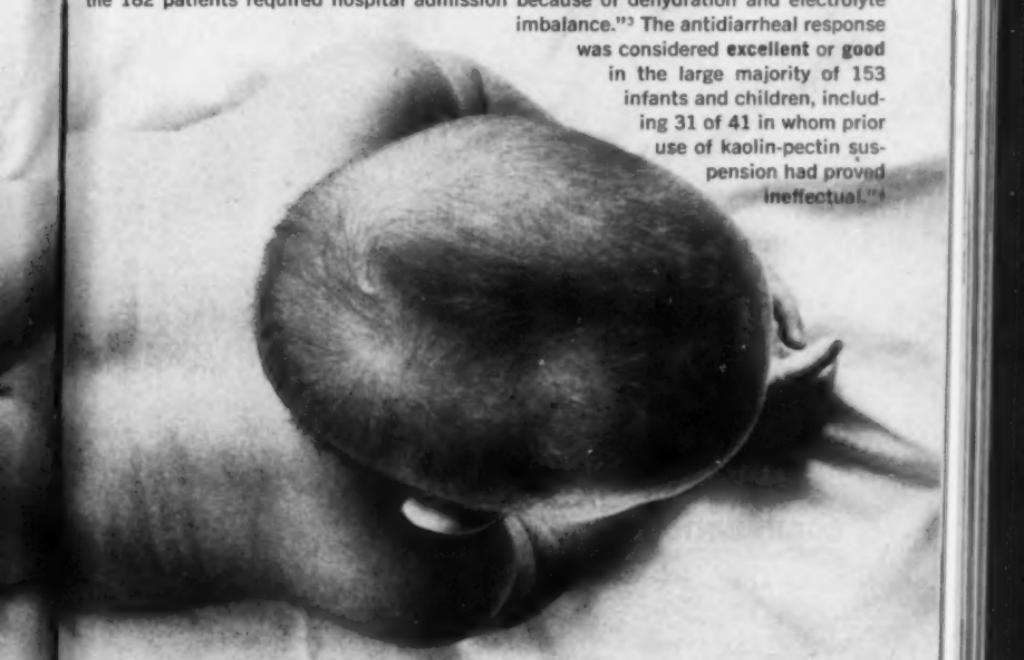
Bes
years
1 tea
conta

new EntoquelTM syrup

(thihehexinol methylbromide)

the first pharmacologically-specific, non-narcotic antiperistaltic agent "apparently acts almost exclusively to inhibit gastrointestinal motor function"¹ and does not interfere with gastric secretion, digestive processes, or produce other undesirable atropine-like effects when given in recommended dosage.² **controls diarrhea as rapidly and effectively as opiates.** With Entoquel Syrup, symptoms were controlled within 24 hours in 88% of one group of 88 children and in 89% of a second group of 94 — with relief achieved in most cases **within 12 hours.** "None of the 182 patients required hospital admission because of dehydration and electrolyte imbalance."³ The antidiarrheal response

was considered **excellent or good** in the large majority of 153 infants and children, including 31 of 41 in whom prior use of kaolin-pectin suspension had proved **ineffectual.**⁴



without the undesirable properties of opiates. ENTOQUEL is completely unrelated chemically to the opium alkaloids — it has no addictive or central depressant properties and does not produce undesirable atropine-like effects when administered in the usual therapeutic dosages.² In 153 patients, a mild flushing of the skin was the only side effect noted. This occurred in 4% of the total cases and could be eliminated by decreasing dosage.⁴

And when the diarrhea is bacterial in origin

Entoquel with Neomycin syrup

Dosage: Entoquel Syrup — Infants and Children up to 6 years, $\frac{1}{2}$ to 1 teaspoonful q.i.d. Children 6 to 12 years, 1 to 2 teaspoonfuls q.i.d. Entoquel with Neomycin Syrup — Infants and Children up to 6 years, $\frac{1}{2}$ to 1 teaspoonful q.i.d. Children over 6 years, 1 to 2 teaspoonfuls q.i.d. **Supplied:** Entoquel Syrup — Each 5 cc. contain 5 mg. thihehexinol methylbromide, bottles of 6 oz. Entoquel with Neomycin Syrup — Each 5 cc. contain 5 mg. thihehexinol methylbromide and 50 mg. neomycin (from the sulfate), bottles of 6 oz.

past year, my ratio has gone down instead of up. Meanwhile, my accounts receivable have increased by almost 20 per cent. Is this a local problem? Or is it possibly widespread?

—John A. Harrel Jr., M.D.
Little Rock, Ark.

Cartoon décor

SIRS: A labor of love I've just completed inspires this letter. I've always thought your car-

toons were too good to keep to myself. So I saved them for about six months, then used them to decorate a three-piece screen in my waiting room. First I painted the whole screen white. Then I mounted the cut-out cartoons, each one backed with "contact" paper and framed with black Scotch tape. Now there are 158 cartoons to amuse waiting patients and visitors.

—M.D., Pennsylvania

for the first time
a **DECLOMYCIN®-**
Demethylchlortetracycline*

Nystatin
combination



DECLOSTATIN®

Demethylchlortetracycline and Nystatin LEDERLE

CAPSULES, 150 mg. DECLOMYCIN Demethylchlortetracycline HCl
and 250,000 units Nystatin.

DOSAGE: average adult, 1 capsule four times daily.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY,
Pearl River, New York

Helps you
take the misery out of menopause
as hormones alone often don't do



Fast-acting Milprem directly relieves
both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).

Supplied: **Milprem-400**, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200**, each coated orange tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.

Literature and samples on request.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Milprem®



WALLACE LABORATORIES / Cranbury, N.J.

EHP-1309

"safe and reliable"¹ as sole therapy—In both mild and moderate hypertension, Naqua often is the only drug required for symptomatic relief and satisfactory reduction of blood pressure....Cohen,² using Naqua only, obtained a decrease in average mean arterial blood pressure from 156 mm. Hg to 122 mm. Hg in 25 ambulatory patients with moderately severe hypertension.

Side effects are minimal and potassium supplementation is usually unnecessary.

adds effectiveness and safety in combined therapy — Blood pressure levels reached on previous regimens may be further reduced with Naqua....Ford,² in three weeks, obtained average blood pressure reductions from 176/108 to 162/86 in five patients already on rauwolfia and from 152/104 to 136/86 in five patients on rauwolfia and mecamylamine.

By potentiating the effect of some adjunctive antihypertensives, Naqua lowers their dosage requirements and therefore side effects are less likely.

Economically priced for special benefit of long-term patients.

Packaging: Naqua Tablets, 2 and 4 mg., scored, bottles of 100 and 1000.

References (1) Cohen, B. M.: *Newer Saluretic Agents in the Therapy of Hypertension*, Paper presented at 6th Internat. Congr. Int. Med., Basel, Switzerland, Aug. 24-27, 1960. (2) Ford, R. V.: *Am. J. Cardiol.* 5:407, 1960.

For complete details, consult latest Schering literature, available from your Schering Representative, or Medical Services Department, Schering Corporation, Bloomfield, N. J.

back to normal days and nights you
with the strength of Naqua.



his blood pressure
controlled



his headaches and
palpitations gone



Schering

night your hypertension patient
the ~~anti~~hypertensive benefits

Naqua™

trichlormethiazide

his edema
relieved



sleeping improved



his "cardiac fears"
allayed



his food better tasting
(thanks to salt liberalization)



objective:
**full term
fetus**

complication:
**threatened
abortion**

indicated:
Provera

Here are five reasons why:

- Provera is the only commercially-available oral progestational agent that will maintain pregnancy in critical tests in ovariectomized animals.
- It is four times as potent (by castrate assay) as any other progestational agent.
- No significant side effects have been encountered.
- It is available for both oral and parenteral administration.
- Provera gives the economy of effective action from small doses.

Brief Basic Information

• I.M. Depo-Provera**

Description	Upjohn brand of medroxyprogesterone acetate.	Aqueous suspension, 50 mg. Provera per cc., for intramuscular injection only.
Indications	Threatened and habitual abortion, infertility, dysmenorrhea, secondary amenorrhea, premenstrual tension, functional uterine bleeding.	Threatened and habitual abortion, endometriosis.
Usage	Threatened abortion	10 to 30 mg. daily until acute symptoms subside.
	Habitual abortion	50 mg. I.M. daily while symptoms are present, by 50 mg. weekly through 1st trimester, or until fetal viability is evident.
	1st trim.	10 mg. daily.
	2nd trim.	20 mg. daily.
	3rd trim.	40 mg. daily, through 8th month.
Supplied	2.5 mg. scored, pink tablets, bottles of 25; 10 mg. scored, white tablets, bottles of 25 and 100.	Sterile aqueous suspension for intramuscular use only, 50 mg. per cc., in 1 cc. and 5 cc. vials.†

Precautions: Clinically, Provera is well tolerated. No significant untoward effects have been reported. Animal studies show that Provera possesses adrenocorticoid-like activity. While such adrenocorticoid action has not been observed in human subjects, patients receiving large doses of Provera continuously for prolonged periods should be observed closely. Likewise, large doses of Provera have been found to produce some instances of female fetal masculinization in animals. Although this has not occurred in human beings, the possibility of such an effect, particularly with large doses over a long period of time, should be considered.

Provera, administered alone or in combination with estrogens, should not be employed in patients with abnormal uterine bleeding until a definite diagnosis has been established and the possibility of genital malignancy has been eliminated.

Each cc. of Depo-Provera contains: Medroxyprogesterone acetate, 50 mg.; Polyethylene glycol 4000, 28.8 mg.; Polysorbate 80, 1.92 mg.; Sodium chloride, 8.65 mg.; Methylparaben, 1.73 mg.; Propylparaben, 0.19 mg.; Water for injection, q.s.

The Upjohn Company, Kalamazoo, Michigan

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• TRADEMARK

There's money in commodity trading

You can lose money fast in the commodity markets. But you can make a killing, too—if you just curb your losses and let your profits ride. Here's how one doctor does it

By M. J. Goldberg

A doctor who retired last year hangs around the commodity ticker at my broker's office. "Best thing in the world for my health," he likes to tell me. "There's nothing like a little flier in commodities to hoist a man's low blood pressure."

My friend knows what he's talking about. For in the fast-moving commodity markets, fortunes can be won or lost in a matter of days. Trading in commodities is one of the few remaining ways to make a million in a hurry, starting from scratch. But a successful speculator in commodities needs the courage of a tiger, the agility of

an acrobat, the brain of an I.B.M. computer, and the acquisitive instincts of a river-boat gambler.

If you can spare the time and have a little money you're willing to risk, commodity speculation can be a fascinating game. My doctor-friend has been investing in commodity futures over the last five years, off and on. He's had a lot of fun and, better yet, he's even made a little money.

There are really two kinds of markets for the basic commodities: the "spot" market and the "futures" market. In the spot market, you buy and sell com-



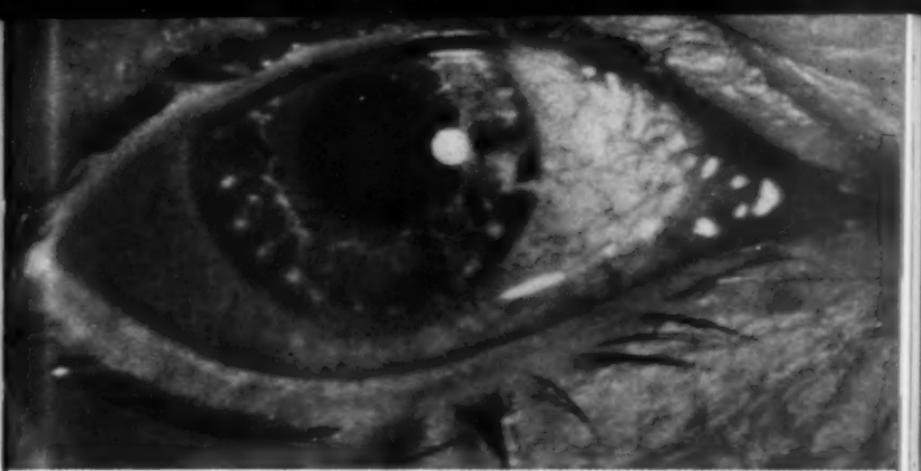
You get a lively ride for your money in the commodity market. Here is a common scene on the floor of the New York Mercantile Exchange as speculators bid in a recent trading session in Maine potatoes.

modities for immediate delivery. That leaves little room for speculation. But in the futures market, you buy and sell for delivery some months ahead—usually two to eighteen months ahead. It's in the futures market that the chances for successful speculation arise.

When you buy a futures contract, you're buying a fixed amount of a commodity at a specified price, to be delivered

and paid for at a specified time. Commodity prices fluctuate with changes in supply and demand. So if the price of a commodity goes up after you buy a contract, you've made money. If it drops, you've lost.

But suppose you expect the price of a commodity to drop. Then you can play the game from the opposite end. You start by "selling" a contract; i.e., you agree to *deliver* a fixed amount



acute conjunctivitis before treatment

clinical photographs

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INDICATIONS: Trauma—mechanical, chemical or thermal; inflammation of the conjunctiva, cornea, or uveal tract involving the anterior segment; allergy; blepharitis.

CAUTION: Steroid therapy should never be employed in the presence of tuberculosis or herpes simplex.

NeoDECADRON is also available as the ophthalmic ointment (.05%). Ointment and solution are available with dexamethasone 21-phosphate alone: DECADRON® Phosphate Ophthalmic Solution and DECADRON Phosphate Ophthalmic Ointment.

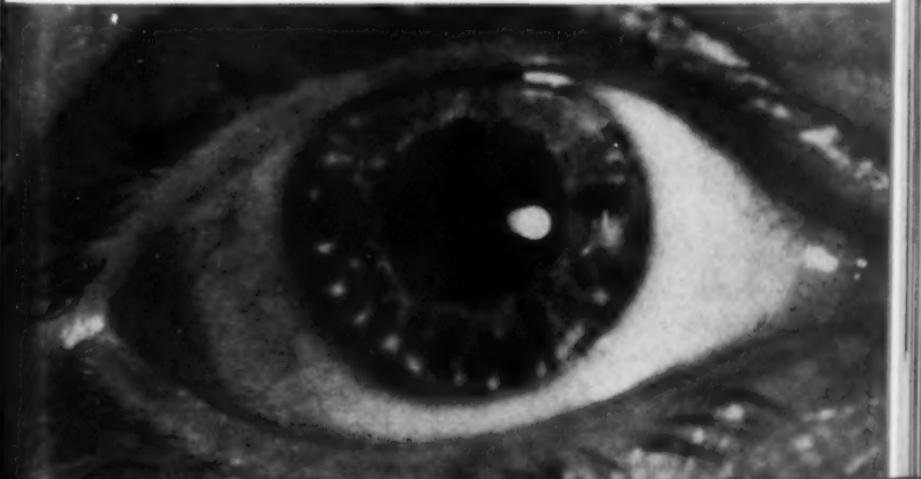
- unexcelled steroid activity • in true solution for peak effectiveness
- maximal contact at the site of the lesion • superior patient comfort—no irritating particles • quick-acting, broad antimicrobial activity.

Additional information is available to physicians on request. NeoDECADRON and DECADRON are trademarks of Merck & Co., Inc.



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4 days after treatment

...Your investments

of the commodity for a fixed price at some future time. This is like selling short in the stock market.

Thus, if you get into the commodity futures market, you do one of two things: You bet that the price will rise, or you bet that it will fall.

Of course, speculators don't actually see the commodities they deal in. Before the delivery date, they enter into another contract that offsets the first one. For example, if you contract to buy March wheat, you later contract to sell it. Through a clearinghouse system, your two contracts cancel each other out. Not a single grain is dumped on your doorstep.

The standard unit of trading in the commodity markets is the "contract." Each commodity has its own standard for what that word covers. For example, a burlap contract is for 50,000 yards, an egg contract for 15,000 dozen, and a copper contract for 50,000 pounds. That's a lot of burlap, eggs, and copper. And since you can buy commodity contracts on only 5 or 10 per cent margin, a change of a few cents

in the price can make a huge difference to you. To illustrate:

You can buy a \$15,000 copper contract by putting up as little as \$1,000. Because the contract is for 50,000 pounds, you make \$500 every time the price of copper goes up a penny. In one recent year, copper shot up from 30 to 50 cents a pound. So a man with \$1,000 invested in a copper contract during that time stood to clear \$10,000.

Naturally, you stand to lose money just as fast if your commodity drops. And if it does, it won't be long before you get a call from your broker telling you to put up more margin or be sold out. That's the time that tries a commodity trader's soul.

Obviously, the art of commodity speculation is a matter of being able to predict the future course of prices. But even the most careful calculations can be upset by unpredictable forces. War scares, suppliers' strikes, insect plagues, plant diseases, even a single heavy rainstorm—any of them can turn a commodity market on end.

The doctor-friend I've men-

Exerts a "Better Total Effect"

in **PAIN-RELIEF**

than aspirin or
buffered aspirin



The value of an analgesic depends upon its ability to raise the pain threshold, reduce pain, change the mood, produce a sedative action, avoid side effects and exert a *better total effect* upon the patient¹. Anacin® adequately fulfills these requirements...

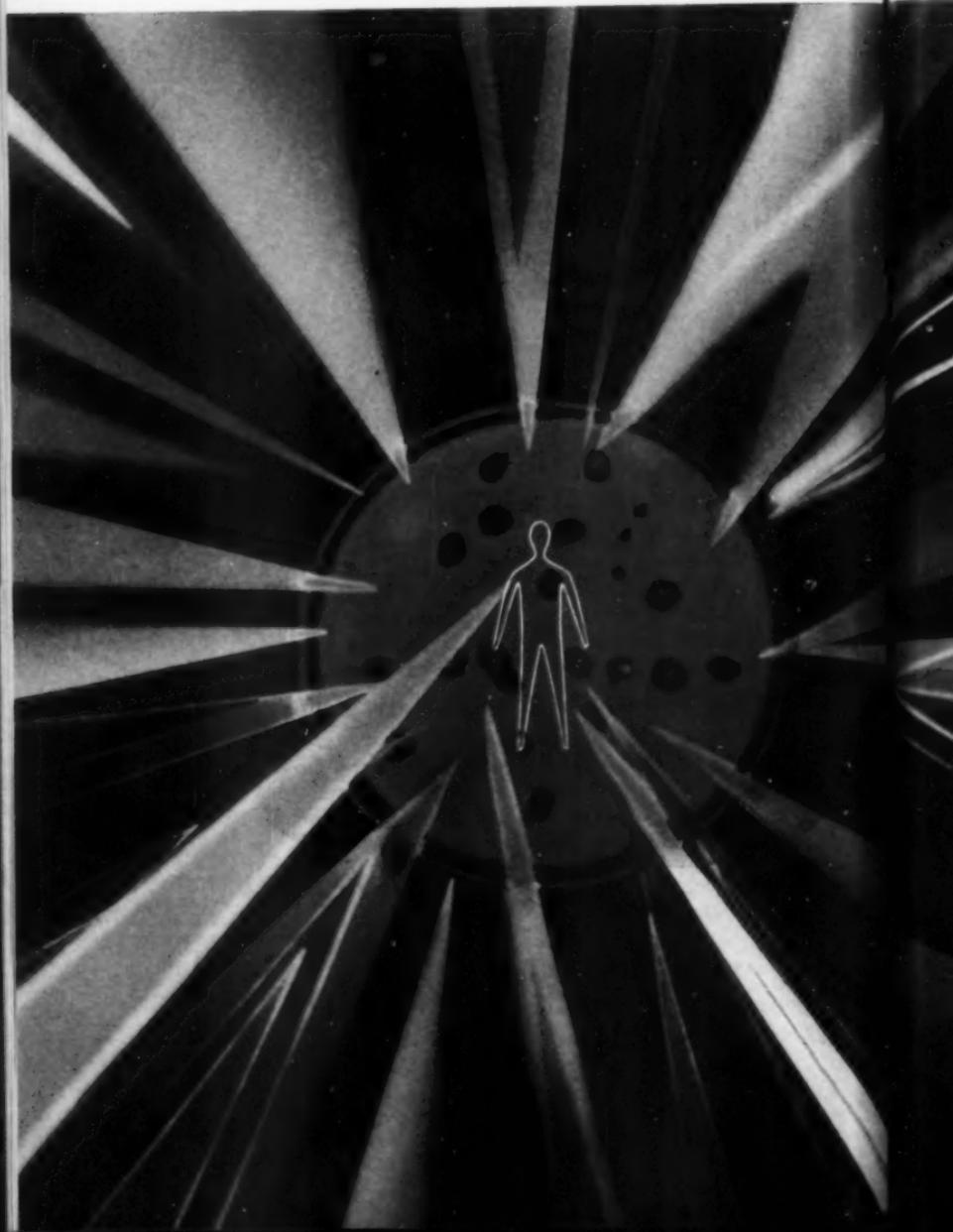
Anacin promptly raises the pain threshold with no untoward side effects or gastric upsets. A component in Anacin (acetophenetidin) allays nervous tension, anxiety and leaves the patient more relaxed. In this way, Anacin affords a *better total effect* than does aspirin or any buffered aspirin. Why not consider the advantages of Anacin for your patients?

Reference: 1. Hardy, James D.:
The Nature of Pain: J. of Chronic
Diseases, Vol. 4, July 1956.



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Why do we say Mysteclin's d



Is it decisive in infection?

because...it contains phosphate-potentiated tetracycline for prompt, dependable broad spectrum antibacterial action.

because...it contains Fungizone, the antifungal antibiotic, to prevent monilial overgrowth in the gastrointestinal tract.

Mysteclin-F resolves many respiratory, genitourinary and gastrointestinal infections—as well as such other conditions as cellulitis, bacterial endocarditis, furunculosis, otitis media, peritonitis, and septicemia. It combats a truly wide range of pathogenic organisms: gram-positive and gram-negative bacteria, spirochetes, rickettsias, viruses of the psittacosis-lymphogranuloma-trachoma group.

Available as: Mysteclin-F Capsules (250 mg./50 mg.) Mysteclin-F Half Strength Capsules (125 mg./25 mg.) Mysteclin-F for Syrup (125 mg./25 mg. per 5 cc.) Mysteclin-F for Aqueous Drops (100 mg./20 mg. per cc.)

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Product Reference
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...Your investments

tioned learned this fact in his very first commodity venture: a soybean oil contract he bought in November, 1955. He paid 10.58 cents a pound for it, putting up margin of \$809. Then—as he tells the story—came the Suez crisis. Prices rocketed. He sold the contract the following February for 12.6 cents a pound. In four months time, he'd made \$1,182 on an \$800 investment.

In the months after that, he traded successively in wheat, oats, and again in soybean oil. By November of 1956—just one year after he'd started—he'd tripled his money.

But there's more to the physician's story. He also bought

three sugar contracts—150 tons of the stuff. The price refused to move. He held on for six months, then lost his patience and sold out for a \$224 loss. If he'd held onto the contracts for another six months, he'd have cleared \$10,000.

The doctor has made other mistakes in the commodity markets, too. In 1957, he bought cocoa and coffee, two commodities he knew nothing about, on the basis of a tip from one of his friends. Buying on an unverified tip was bad enough. But to make matters worse, the doctor's practice was then taking up so much of his time that he could give his commodities little attention. The result? He lost \$997 on the cocoa, \$1,262 on the coffee.

From the commodity trading he has done since that time, my friend says he has learned five big lessons:

1. *Never invest more than you can afford to lose.* The thin margins permitted in the commodities market make it all too easy to overextend yourself financially. Remember that the margin is only a deposit to guarantee



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when your "tonsillitis-prone"
patient has a cold

ACHROCIDIN®



IN CLINICAL STUDIES OF 4,087 PATIENTS TREATED WITH KANULASE
85.5% OF THE CASES SHOWED A GRATIFYING SYMPTOMATIC RESPONSE



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A new preparation for the healthy patient who complains of "gas" . . . and for the patient exhibiting functional digestive disorders. Kanulase inhibits formation of intestinal gas, decreases abdominal distention, aids in digestion of fats, proteins and starches.

KANULASE

* Each Kanulase tablet contains Dorase®, 320 units, combined with pepsin, N. F., 150 mg.; glutamic acid HCl, 200 mg.; pancreatin, N.F., 500 mg.; oil bile extract, 100 mg. Dosage: 1 or 2 tablets at mealtime. Supplied: Bottles of 50 tablets.

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*DORSEY BRAND OF CELLULASE, EXPRESSED AS DIGESTIVE ACTIVITY UNITS.

...Your investments

that you'll perform the contract—that you'll accept or deliver the *full amount of the contract* when the settlement date rolls around. The full contract is the real measure of your investment. Don't forget it.

2. Stick to a few commodities and learn all you can about them. Each commodity has its own complicated system of supply and demand. For example, cottonseed oil is a by-product of cotton. Thus, the supply of oil varies with the demand for cotton. Hide prices are affected by the size of the corn crop. Corn futures are influenced by the hog-corn ratio (the relation between the price of hogs and corn prices). Only full-time commodity speculators have time to bone up on the economics of more than a few commodities. To start off with, you'd better stick to one or two. Let the others go, no matter how promising they seem.

3. Steer clear of unverified tips. You'll get just as many hot tips on commodities as you do on stocks. They're worth just about as much. Check the facts before you invest.

4. Let your profits run, but cut your losses short. In commodity trading, you take big chances in the hope of big gains. If you're content to settle for 5 or 10 per cent on your money, why get into commodities at all? Grabbing at small profits is unlikely to cancel out losses—but a big killing will, if the losses are small. Unless you're willing to let your profits ride, you'll never make that killing.

Meanwhile, fight the tendency to let your losses mount up. For instance, you may keep hoping that the market will shift on your losing investments, proving that you haven't been so dumb after all. That can prove to be dangerous thinking.

To make sure your losses stay small, you'll do well to enter stop orders just as you do with stocks. A stop order tells your broker to sell out when and if the price drops below some pre-set figure. Because you can lose so much so fast in commodity futures, stop orders are even more important than when you're trading in stocks.

5. Be sure you're suited for commodity trading. The com-

Each of the babies pictured on this page was borne by a mother with a *documented* previous history of true habitual abortion, who was treated with DELALUTIN during the pregnancy leading to this birth

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SQUIBB HYDROXYPROGESTERONE CAPROATE

Improved Progestational Therapy



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DELALUTIN offers these advantages over other progestational agents

• long-acting sustained therapy • more effective in producing and maintaining a completely matured secretory endometrium • no androgenic effect • more concentrated solution requiring injection of less vehicle • unusually well-tolerated, even in large doses • fewer injections required • low viscosity makes administration easy

Supply: Vials of 2 and 10 cc., each containing 125 mg. of hydroxyprogesterone caproate in benzyl benzoate and sesame oil. Also available: DELALUTIN 2X in 5 cc. multiple-dose vials. Each cc. contains 250 mg. hydroxyprogesterone caproate in castor oil, preserved with benzyl alcohol.

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Squibb Quality - The Priceless Ingredient

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Complete information on administration and dosage is supplied in the package insert

...Your investments

modity markets are no place for the faint-hearted or for the uninitiated. There's a classic story about a minister who walked into a commodity exchange on a sightseeing tour. He nodded to a man who smiled at him. He mopped his brow with his handkerchief because it was hot. After that, he scratched his ear while watching the busy brokers. Then he found that his correctly signaled trades had cost him \$5,000.

Tall story? Sure. But it'll help you remember this: The people who make money on commodities are skilled, calculating investors. You must learn to be the same—or else learn to stay away from commodity trading altogether.

If you're interested, your stock broker should be able to supply you with more detailed information. Most brokers are also members of the major commodity exchanges. END

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FIBRINOYLSIN—to provide active enzyme for fibrin substrate debridement—DESOXYRIBONUCLEASE—to lyse desoxyribonucleic acid in degenerating leukocytes and other nuclear debris.

Since ELASE provides, not a precursor, but an active enzyme,¹ it quickly lyses fibrinous material in serum, clotted blood, and purulent exudates. It does not, however, attack living tissue to any appreciable degree, nor does it have an irritating effect on granulation tissue in wounds.¹⁻⁴

Good results have been obtained with ELASE in the debridement of infected surgical wounds.¹⁻⁴ Exudative lesions that have responded well include second- and third-degree burns, ulcerations, small gangrenous areas of the extremities, sinus tracts, fistulas, abscess cavities (including empyema), wounds, and pyoderma. Prompt and striking symptomatic relief has also been obtained in patients with gynecologic complications.⁵

ELASE (fibrinolysin and desoxyribonuclease, combined [bovine], Parke-Davis). Dry material for solution, each vial contains 25 units (Loomis) of fibrinolysin and 15,000 units of desoxyribonuclease with 0.1 mg. Thimerosal as a preservative. Ointment, tube of 30 gm. containing 30 units (Loomis) of fibrinolysin and 20,000 units of desoxyribonuclease with 0.12 mg. thimerosal in a special petrolatum base; tube of 10 grams containing 10 units (Loomis) of fibrinolysin and 6,666 units of desoxyribonuclease with 0.04 mg. thimerosal in a special petrolatum ointment base. *Indications:* To lyse fibrin and liquefy pus. Aid in removal of necrotic debris associated with vaginitis and cervicitis. Useful in the removal of exudate from skin surfaces as in wounds, ulcers, burns; also used to irrigate abscess cavities, superficial hematomas, sinus tracts, fistulas. *Dosage:* Apply topically as ointment or solution. Intravaginally—in mild to moderate vaginitis and cervicitis, deposit 5 cc. of ointment deep in the vagina once nightly after retiring for five applications; re-examine for possible need of further therapy. In more severe cervicitis and vaginitis, 10 cc. of solution may be initially instilled intravaginally, waiting one or two minutes for dispersal, then inserting a cotton tampon to be removed the next day, followed by as many applications of ointment as necessary. Skin surface lesions—topically, as indicated. After application, enzymatic activity becomes rapidly and progressively less and is probably exhausted for practical purposes at the end of 24 hours. The ointment and dry material for solution are stable at room temperature for a period of one year. *Precautions:* Not for parenteral use; bovine fibrinolysin may be antigenic. Side effects are minimal, consisting usually of local hyperemia. Observe usual precautions against allergic reactions, particularly in persons highly sensitive to materials of bovine origin.

PACKAGE INFORMATION: ELASE is supplied as an ointment in 30-Gm. and 10-Gm. tubes. Disposable vaginal applicators (V-Applicators) for application of ointment are available separately in packages of 6. ELASE is also supplied as lyophilized powder in rubber-diaphragm-capped vials. To be maximally effective, the solution must be freshly reconstituted with isotonic sodium chloride just prior to topical use. Within six hours after preparation, half of its potency is lost at room temperature.

FIG. 1561 (P-545)

PARKE-DAVIS

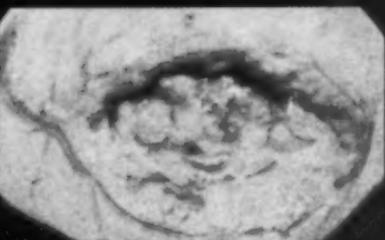
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in infected surgical wounds... a rational approach to therapy

FIBRINOLYSIN AND DESOXYRIBONUCLEASE
COMBINED, BOVINE, PARKE-DAVIS

Elase

purulent amputation stump with osteomyelitis, left leg of 12-year-old boy



Draining wound four weeks postoperatively and prior to enzymatic therapy. Infective organisms identified were *Pseudomonas* and coagulase-positive staphylococci.



Eight days later. Solution containing 50 Loomis units fibrinolysin and 50,000 units desoxyribonuclease applied topically, for periods of three hours 3 times daily, for seven days. Considerable improvement in fibrinopurulent base of stump.

REFERENCES: (1) Coon, W. W., Wolfman, E. F., Jr., Foste, J. A., & Hodgson, P. E.: Am. J. Surg. **98**:1, 1959. (2) Friedman, E. A.; Little, W. A., & Sachtlen, M. R.: Am. J. Obst. & Gynec. **79**:174, 1960. (3) Margolis, R. R., & Brush, B. E.: Arch. Surg. **63**:511, 1952. (4) Personal Communications to the Department of Clinical Investigation, Parke-Davis & Company, 1959.

How to help your patient stick to a "regularity" diet

The secret ingredient in a successful diet is acceptance. Bulky foods, essential to a "regularity" diet, will have more appeal if they are attractively prepared. Variety helps a patient follow a diet enthusiastically, too. Chilled fruit compote is inviting, rich in cellulose and pectin which absorbs fluid to form smooth bulk. Beets and carrots are good pectin sources. Cranberries in oatmeal muffins offer cellulose plus Vitamin B complex. Liquids are vital—8 to 10 glasses a day.



A glass of beer can add zest to a patient's diet.

8 oz. glass supplies about 1/8 minimum Niacin requirements and smaller amounts of other B Complex Vitamins. (Average of American Beers)



Diet patients find an incentive in appetizing "bulk" foods like these.

United States Brewers Association, Inc.

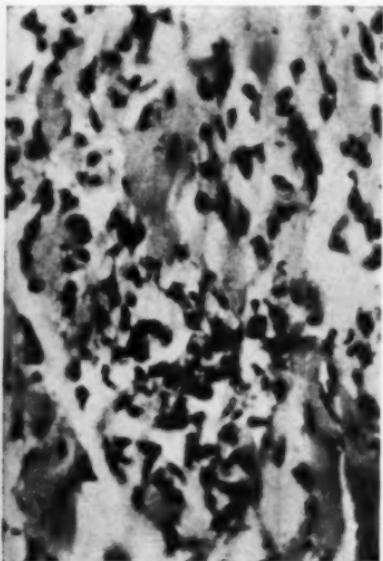
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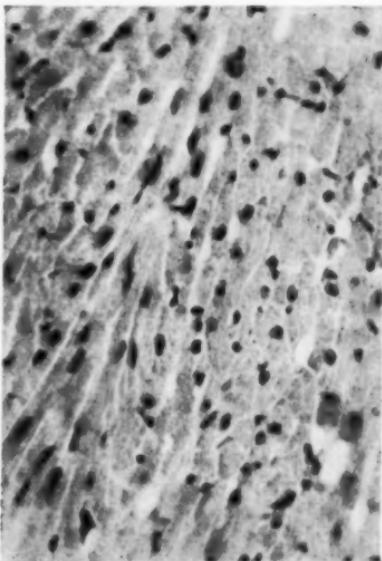
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*Raab,
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8/2922

New laboratory evidence shows Serpasil® prevents heart damage



Severe heart damage in unprotected stressed rat. Tissue taken from rat given 2- α -methyl-9- α -fluorohydrocortisone and stressed by restraint. Photomicrographs from Raab et al.* (Original magnification: approximately 450X.)

Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them.



No heart damage in stressed rat protected with Serpasil. Tissue taken from rat given 2- α -methyl-9- α -fluorohydrocortisone and stressed as at left, but also given Serpasil (0.4 microgram daily for one week).

This evidence suggests that Serpasil may protect your hypertensive patient's heart.

Complete information about indications, dosage, precautions and side effects will be sent on request.

Supplied: Tablets 0.1 mg., 0.25 mg. (scored).

*Raab, W., Stark, E., and Gigeo, W. R.: Unpublished data.

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8/2922 MK

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for most every topical indication**

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The combined spectrum of three overlapping antibiotics will eradicate virtually all bacteria known to be found topically.

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'POLYSPORIN'[®]
brand Antibiotic Ointment

A basic antibiotic combination with proven effectiveness for the topical control of gram-positive and gram-negative organisms.

Contents per Gm.	'Polysporin'	'Neosporin'	'Cortisporin'
'Aerosporin'® brand Polymyxin B Sulfate	10,000 Units	5,000 Units	5,000 Units
Zinc Bacitracin	500 Units	400 Units	400 Units
Neomycin Sulfate	—	5 mg.	5 mg.
Hydrocortisone	—	—	10 mg.
Supplied:	Tubes of 1 oz., 1/2 oz. and 1/6 oz. (with ophthalmic tip)	Tubes of 1 oz., 1/2 oz. and 1/6 oz. (with ophthalmic tip)	Tubes of 1/2 oz. and 1/6 oz. (with ophthalmic tip)



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For firm support—the new-type bedboard, centered in the mattress, close to the back, firmly supports spinal structures.

For "sag" control—lower layer of springs pushes up against the bedboard and prevents "sagging" at any point.

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The unique construction of Back Care—including the new "Ortho-Fiber" bedboard—was suggested by physicians and has been tested and approved by leading orthopedic surgeons. They found that it affords patients both the firmness and the comfort necessary to alleviate backache caused or aggravated by lack of proper mattress support.

Many physicians endorse Back Care With Built-In Bedboard, as a basic adjunct to the management of chronic, uncomplicated backache.

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For back problems not severe enough for an orthopedic mattress, extra-firm Beautyrest® provides ideal support and comfort.

BACK CARE by SIMMONS



Are Blue Shield patients...?

Many doctors suspect they're losing out by granting service benefits to ineligible patients. But some Blue Shield officials dispute this

You've heard all about health plans as an important source of income. They now pay the typical surgeon nearly two-thirds of his total earnings; they're supporting many another M.D. almost as handsomely. But they may also be causing an important *loss* of income that you probably haven't heard much about.

The trouble seems to be built into Blue Shield plans—more specifically, into the fifty-four Blue Shield plans that offer service benefits. MEDICAL ECONOMICS has received reports from nearly 400 doctors throughout the country who participate in such plans. A lot of them believe they're getting smaller fees than they're entitled to from as many as one-fourth of their Blue Shield pa-

tients. Here's how these doctors explain it:

As participating physicians, they've agreed not to charge their usual fees to any Blue Shield subscriber whose income is below a specified ceiling; they've agreed to accept Blue Shield allowances as full payment in such cases. They *have not* agreed to give service benefits to every subscriber who claims he's eligible. But they're frequently forced to because there's no Blue Shield mechanism for checking such claims.

The surveyed doctors report that half of all their patients have Blue Shield coverage—and that half of these Blue Shield patients receive service benefits. How many receive such benefits without really rating them? More than one-

Patients taking advantage of you?

By Robert L. Brenner

fifth of their service-benefit patients, say 33 per cent of the doctors. Fewer than one-fifth, but more than just a few, say another 32 per cent. And these doctors are almost unanimous in indicating there's not much they can do about it.

"Blue Shield has put me in an impossible position," an Indiana surgeon explains. "Since my fee is bigger if I rule a patient ineligible for service benefits, I don't feel I can make such judgments fairly. So I usually take a patient's word that his income is below the service-benefit ceiling, no matter how much I may doubt it."

A New Jersey otolaryngologist adds: "You'd need a full-time social worker in your office to judge every claim for service benefits correctly."

And a Colorado OB/gyn. man says this: "Our local Blue Shield plan offers four different contracts, each of which has a different service-benefit income ceiling and pays different fees. Even if I could check on all my patients' eligibility—which I can't—I'd need an extra girl to keep my Blue Shield billings

...Your fees

straight. It's easier just to take each patient's word."

Most of the surveyed doctors feel these problems could be solved quite easily by Blue Shield. Nearly all their sugges-

tions boil down to the one offered by a Massachusetts G.P.: "Blue Shield should find out for sure the financial status of each subscriber. Then it should code his membership card to show

Which of the four Blue Shield patients shown here are

Each of these patients claims to be eligible for service benefits under a \$6,000 family income ceiling. Actually, only two of them are telling

1.



Job: shoe repairman
Car: 1959 Plymouth
Home: flat over store
Income:

2.



Job: secretary
Car: none
Home: small, new apartment
Income:

whether he's eligible for service benefits. These cards should be reissued yearly."

At present, only a few Blue Shield plans approach this ideal. Michigan Medical Service does

require each new subscriber to present an employer's statement certifying what his salary is. It also codes his membership card to show whether he's eligible for service benefits. And

are really eligible for service benefits?

the truth. From the facts given, can you estimate the actual income in each case? For answers, please turn to page 76.

3.



Job: insurance salesman

Car: 1961 Rambler

Home: house in development

Income:

4.



Job: housewife

Car: 1958 Volkswagen

Home: 20-year-old Cape Cod

Income:

Survey highlights

What percentage of patients have Blue Shield coverage? Here's how typical physicians in five categories answered in MEDICAL ECONOMICS' recent survey:

G.P.s	43%
Specialists	52
Urban M.D.s ..	51
Suburban M.D.s	53
Rural M.D.s ...	34

What percentage of Blue Shield patients get service benefits? Here are the typical answers in the same five categories:

G.P.s	53%
Specialists	50
Urban M.D.s ..	52
Suburban M.D.s	42
Rural M.D.s ...	65

What proportion of service-benefit patients may not really be entitled to such benefits? Here's what the doctors responded:

Proportion of patients	Percentage of surveyed M.D.s
None	32%
Up to one-fifth	32
One-fifth to one-half	13
Half or more	20
Don't know	3

under its "income certified" group contract, employers are required to recertify each employee's income yearly. Other Blue Shield plans that report they have similar systems for determining all subscribers' income status are those in Missouri, Montana, and Oregon.

But many of the plans admit frankly that this ideal—particularly the yearly recheck of incomes—is unattainable. "Many of our subscribers switch jobs often; their incomes are constantly changing," says a Blue Shield officer in heavily industrialized New Jersey. "It would be impossible for us to recheck everyone's eligibility every year."

An officer of New York's United Medical Service—biggest of all Blue Shield plans—adds: "Merely issuing a new card to each subscriber each year would cost some \$100,000 in printing, mailing, and administrative expenses."

Apparently, then, most doctors must decide for themselves whether or not a patient should be getting service benefits. How do they do it? MEDICAL ECO-

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Objections from Blue Shield

Some sixty Blue Shield executives saw an early draft of this article. Two objections many of them made are summed up here by James E. Bryan, consultant to the national organization of Blue Shield plans:

"The loss the surveyed doctors supposedly incur—the difference between Blue Shield's allowances and their usual fees—is actually only a paper one. They're forgetting that Blue Shield provides coverage for many people who, if Blue Shield weren't available, couldn't buy any health insurance at all. Because of Blue Shield, many doctors are getting at least some compensation for patients they'd otherwise be treating free.

"Secondly, the survey itself proves there's no real abuse of the service-benefit privilege. You report that only 50 per cent of the Blue Shield patients in service-benefit plans get service benefits. Well, the median family income ceiling among all service-benefit plans is about \$6,000. Based on national family income figures, your survey figure would be not 50 per cent, but somewhere between 60 and 70 per cent, if all the people entitled to service benefits were getting them."

NOMICS' survey finds that the three methods they're using most often are these:

¶ About 36 per cent try to get some idea of whether a patient is eligible for service benefits by checking his Blue Shield membership card. In many plans, however, the most these cards tell is the income ceiling in the patient's con-

tract. And often the cards don't tell even that.

¶ Some 22 per cent try to estimate the patient's income on the basis of his job, his car, his home address, etc.

¶ Roughly 21 per cent say they simply ask the patient if he's eligible for service benefits.

Suppose a doctor applies one or more of these tests and still

...Your fees

doubts the patient's claim to service benefits. How can he then go on to challenge such a claim?

Ten of the fifty-four service-benefit plans—mostly the bigger ones—say they'll investigate the income of any subscriber whose status a physician challenges. Their investigations range from calling the local retail credit bureau to asking the subscriber for a notarized affidavit stating his income. "Each year, we turn down the service-benefit claims of 13 to 15 per cent of the subscribers whose eligibility doctors have questioned," a United Medical Service officer reports.

What about the rest of the plans? A national representative of Blue Shield explains: "A few of them may help a doctor by looking up what the patient said his income was when he joined the plan. But that won't

help if the patient understated his income to start with or if his income has increased since he signed up. Frankly, the staffs of many plans are far too busy processing claims to make even as perfunctory a check as this."

So doctors participating in these plans must do their own challenging of doubtful service-benefit claims. And the overwhelming majority of surveyed doctors shy away from asking the patient for proof of his income. Only 8 per cent go along with the Montana neurosurgeon who says: "I've occasionally asked a patient for a copy of his income tax return before accepting him as a service-benefit patient for complicated surgery."

Two other possible methods of challenging a patient's claim to service benefits are checking with his employer and checking with a local credit bureau. These were mentioned by 9 and 5 per cent of the surveyed doctors respectively. But the most effective challenge is apparently the one that 47 per cent of the respondents say they some-

Answers to quiz on pages 72-73

*The actual incomes: 1. \$5,800.
2. \$6,500. 3. \$5,500. 4. \$12,000.*

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times use: *If you doubt a patient's eligibility, simply bill him for your usual fee. This puts the burden of proof on the patient.*

But is this entirely ethical? After all, participating physicians have signed a statement that they won't charge service-benefit patients more than the

Blue Shield allowances. Comments a Blue Shield official:

"This is a moot point. Remember, the patient who claims service benefits signs a statement that his income is below the specified ceiling. If he signs falsely, he's in effect voiding the contract."

Even so, nearly 10 per cent

One doctor's solution

Although California Physicians' Service will investigate the income of any subscriber whose service-benefit claim a physician doubts, Anesthesiologist William R. Torrance of Visalia, Calif., prefers his own method of weeding out unjustified claims. "I send all service-benefit patients a bill after I receive my check from C.P.S.," he says. "The bill shows my full fee less the amount C.P.S. has paid. I also enclose this card:

The enclosed statement represents my usual fee for service rendered. If your total annual family income is less than \$5,000, please disregard this statement. However, if your income exceeds this figure, I feel I am entitled to full fee, and request that you remit the balance. This is in accord with my agreement with C.P.S.

"After five years of using this system, I'm convinced that better than 80 per cent of those who claimed service benefits undeservedly have paid up after receiving this card."

...Your fees

of the surveyed doctors say that no matter how much they doubt a patient's claim to service benefits, they don't question it. "I've lost several patients because I challenged their eligibility," says a Wyoming G.P. "Now I simply take their word. If they're lying, it'll have to rest on *their* conscience."

"Even when I'm sure a patient is taking advantage of me,

I just take my licking with some muttered comment about human nature," a Connecticut urologist says. And a New York internist adds: "I never challenge their claims. Weeding out the chiselers is far too big a job for a practicing physician."

That just about sums up the situation. A substantial number of doctors find it difficult



"Well, of all things! You passed through the dangerous age,
and we didn't even know it."

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and often impossible to judge whether a patient's entitled to service benefits. And they find it impractical to check up on a patient they feel is claiming this status falsely. So a good many doctors are convinced they're "taking a licking" on fees from more than a few Blue Shield patients.

Does this mean that physicians are getting fed up with Blue Shield in general and with the service-benefit principle in particular? No, it does not. The surveyed doctors were asked if they feel their community's service-benefit plan is effective. Some 69 per cent say emphatically that it is.

Many of your colleagues do have definite ideas, however, on how Blue Shield and its service-benefit feature could be greatly improved. **MEDICAL ECONOMICS** will present these ideas in an early issue.

END

Learn from lawyers how to set and collect your fees?

The attitude you take toward fees has a lot to do with your success in collecting them.

That's what Herman S. Merrell, a Rocky Mount, N.C., attorney, told his colleagues recently—and his tips for lawyers may well have some practical overtones for physicians. Thus:

¶ When a lawyer talks to a client for the first time, Merrell says, he should never oversimplify the legal problem. If the client has no real case, it's wrong to give him a casual dismissal. The attorney should go over the facts with him, explain why there's no cause for action, and then charge him for consultation time.

¶ When an attorney agrees to take a case, he should discuss fees right away. He may explain that the final figure will depend upon how much time and effort he puts into the case. But he should at least quote the client a rough estimate on the first visit.

¶ Attorneys should set fees on the basis of a fair return for each hour they put in. Suggested hourly rates: \$50 for a senior partner; \$35 for a junior partner; \$15 to \$20 for an associate.

END

*Patients love
his written instructions!*

This doctor says they're pleased because all of them get 'prescriptions.' One Rx in four is for medicine. The others may order anything from omelets to voodoo

By E. N. Perrin



Patients who misunderstand your instructions are probably an old story to you. You tell someone to take four pills every day; he takes one every four days. Or you tell him to avoid violent exercise; he gives up playing checkers.

One doctor who has no such problem is Hilton S. Read, the 61-year-old internist who heads the two-doctor, eight-employe Ventnor Diagnostic Center of Atlantic City, N.J. Dr. Read uses a dozen devices to make sure his patients get things straight. For instance, he insists that druggists type complete formulae and instructions on the labels of the prescriptions he writes. But his chief device may well be the two small writing pads that sit on the round table he uses instead of an office desk.

One pad is green. On it, Dr. Read writes out an Rx of the usual sort for about one patient in four. The other is white. On it, he writes out medical instructions of a most unusual sort for every patient he sees. In Dr. Read's view, "medical instructions" include a wide variety of



Bicycling on the Atlantic City boardwalk, Dr. Hilton S. Read and his wife, Kathryn, meet a patient who has walked along it daily since Dr. Read wrote a prescription for this in 1926.

advice. For example, in a recent month the doctor wrote out the following orders on his white pad:

- ¶ "Buy a new mattress" (for a man with back trouble).
- ¶ "Spend a week-end in a log cabin in New Jersey's Bass River State Forest" (for a young married couple).
- ¶ "Get a brighter bulb for the

bed lamp" (for a woman who reads in bed).

¶ "Inhale for four steps and exhale for four steps as you walk along" (for a portly executive who has been ordered to walk forty blocks a day on the Atlantic City boardwalk).

¶ "Cancel your charge accounts" (for a wife who couldn't stick to her budget).

¶ "Spend five minutes a day for a week jotting down all your employer's good traits" (for a man who had a violent hatred of his boss).

¶ "Make a study of voodoo and witchcraft" (for a woman who was dominated by superstitions).

¶ "Buy a potter's wheel and start learning to make pottery" (for a man approaching retirement age).

Not all the doctor's instructions are equally colorful. Nor is it just their range that makes them noteworthy. Every doctor gives occasional patients orders that reach well beyond instructions to take a drug t.i.d. What's different about Dr. Read's informal prescriptions is that he invariably writes them down, and

that he composes them with such vigor.

Neither point is accidental. Says he: "Most people want help from a pill bottle. They don't realize that taking walks and cold showers and things like that are equally important. My white pad is one small gesture toward keeping things in balance."

Does it do so? It does. For instance:

Take the very common case of a patient who must be told to quit smoking. On the face of it, it wouldn't seem to matter much to the patient whether you pass on the bad news orally or in writing. But in Dr. Read's experience the white pad can be a real help.

"If you just *tell* a patient to give up smoking, he's got nothing to look at," he explains. "There's nothing to bolster him up. But if you write down, 'Absolute abstinence from tobacco,' that glorifies it a bit. Furthermore, the husband can show his wife the order, written out like a prescription. Then maybe she'll get on the bandwagon, too."

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"Bandwagon" isn't too strong a word. As Dr. Read admits, his order to give up smoking is sometimes a pretty dramatic affair. First he tells the patient verbally. Then, taking the pad

(which is prominently labeled "Medical Instructions"), he writes the order out in red pencil. Usually he adds a large exclamation point. Sometimes he even underlines the word "ab-



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"The doc asked Gran'pappy if he had to git up in the night to pass water . . . you figger he knows an easier way?"

solute" with a couple of bold strokes of his pencil.

"If you take a device like this out of context, it may sound silly," he says. "All I can an-

swer is that it seems to work. My patients evidently love my written instructions. What's more, they follow them."

What Dr. Read does with the

How Dr. Read practices

Dr. Hilton S. Read's Atlantic City office is an extraordinary mixture of keen efficiency and damn-the-expense leisureliness. Behind the scenes are seven busy aides (combined salaries: \$2,025 a month) manning X-ray machines, doing blood counts, turning out special diets on the office Thermofax. But in Dr. Read's own consultation room there's no sense of hurry. In winter, a wood fire burns every day. A grandfather clock chimes the hours. Doctor and patient sit at a round table.

"I like to have my feet under the same table as the patient," Dr. Read explains. "A desk makes an opponent out of him." For much the same reason, the doctor doesn't wear a white coat, and he doesn't display his diplomas.

About 80 per cent of his practice is referred. And, like any other consultant, he sends reports to the referring doctors. But his reports differ from most in that they run to two or three single-spaced typewritten pages, and that the referring man gets two copies, one of which he may show to the patient. For this latter reason, they're written in language that the intelligent layman can understand. "I guess it costs from \$10 to \$15 per patient just to produce our reports," says the doctor. "But they're well worth the time and trouble." On the other



hand, there isn't anyone who's more businesslike than Dr. Read in the way he sets fees. The Ventnor Diagnostic Center gives its patients a neat booklet containing a complete fee schedule. Charges go all the way from a urinalysis for \$2 to a complete, four-day diagnostic survey for \$125.

...Your patients

white pad goes beyond exclamation points and underlining. Consider the Rx he recently wrote for a man with rheumatoid arthritis and a sore back from an overpadded car seat.

On the white pad, the doctor prescribed a back rest. He added the name of a store in Philadelphia where inexpensive ones of the proper design can be bought. Then he put down the price. When he'd finished, he had one of his secretaries copy a picture of the backrest on the office copying machine and give *that* to the patient. Dr. Read and his partner do so much writing that they keep three secretaries busy. In addition, they have two R.N.s, two technicians, and a cleaning woman.

For an even better example of the white-pad technique, note what the doctor does with elderly men who have varicose veins. He believes that standard garters and even the elastic tops of socks help produce venous stasis in such patients. So he prescribes garters that attach to the shirt. On the top of the pad Dr. Read puts down the words "Shirt garters." Underneath, he

writes the name and address of the one store in Atlantic City that stocks them. He doesn't bother adding that it stocks them because he has persuaded the proprietor to do so as a public service.

Below the address of the store, he's likely to jot a sketch of how the garters work. And if the patient seems confused, the doctor proceeds to give a personal demonstration. He wears the garters himself.

To sum up, then, Hilton Read uses his white pad to do just about everything. Once he even wrote out a medical order "prescribing" a new and more attractive set of china for a man who had lost his appetite. For the man's wife he added a dietary order, as follows: "Tomorrow morning, give your husband a cheese omelet instead of a fried egg."

In fact, there are only three orders that Dr. Read hesitates to inscribe on the white pad. Says he: "We doctors had better refrain from prescribing marriage, pregnancy, or divorce—unless we're on surer ground than *I've* ever been." END

How I answer requests for padded bills

Plagued by patients who want you to back up inflated tax deductions? Here's one doctor's answer

By Harry Gibel, M.D.

If your practice is like mine, you probably get occasional phone calls that go something like this: "Doctor, I'm preparing my income tax return for last year. I figure I paid you a total of \$295. Will you please send me a bill marked 'paid' for that amount?"

I get about a hundred such requests a year, most of them around income tax time. Nearly all have one thing in common: The figure mentioned is much larger than the amount I was actually paid.

Some people—and apparently the accountants who advise them—consider it quite all right to take liberties with their

medical-expense deductions. What's more, they seem to take it for granted that their doctors will back up their claims. How much they bank on this is evident from another call I often get: "Doctor, you've got to help me out. They're checking up on my income tax return from two years back, and I put you down for \$295. Will you please send me a receipted bill?"

There was a time when I tried to reason with these callers. But the caller would usually claim I'd "let him down." Then we'd both lose our tempers, and I'd often end up losing the patient. I felt there must be a less nerve-racking way of

THE AUTHOR is a Long Island pediatrician.

handling these requests for padded bills. And so I finally developed a routine that works well for me.

Whenever someone calls nowadays to request a received bill for more than he's paid me, my nurse or I have a standard reply: "We'll gladly send you a bill as soon as we check the amount you mention against our records." No matter how much the caller pleads with us, we simply reply that we have accurate payment records and that we'll send out a correct bill.

The bill goes out within twenty-four hours. Along with it goes a letter that's polite but forthright. I quote some key passages from a typical letter:

"Each year, many people ask me to furnish bills that show \$100 to \$200 more than I've

actually charged. If I issued these bills and they got checked against my own tax return, I'd have to show additional taxable income of from \$10,000 to \$20,000 . . . The \$295 bill you ask for comes to fifty-nine office visits or about thirty-seven home visits. The Government would merely have to check my records to see that I didn't treat your family that often . . .

"I'm sure you'll understand my position if you give the matter some thought . . . A received bill for \$20 for the four office visits your wife made with your son Thomas during the year is enclosed."

Does my system work? So far, it's not only helped me keep my temper; it's also lost me fewer patients. I think it may do the same for you. END

Socially correct

As a new patient made ready for a gynecological examination, the doctor asked her if she'd consulted another physician about her problem. "Oh, no," she answered. "I don't believe in table hopping." —*Mrs. Wayne Vincent, R.N.*



Practice management question box

The queries below are selected from many that doctors have addressed to MEDICAL ECONOMICS in recent weeks. The answers reflect the judgment of a panel of two physicians and four management consultants. Further Q.s and A.s will appear in forthcoming issues. If you have a question of general interest to your colleagues, you're invited to submit it.

Q. I'd like to start reminding my patients about annual physicals. How do I set up an efficient reminder system? What's a recommended wording for a reminder card?

A. When a patient comes in for a physical, ask him if he'd like to be reminded when his next one is due. If his answer is yes, ask him if he'd like to ad-

dress a printed card to himself. The card should read: "You asked us to remind you about your annual check-up." The card should also include two check boxes where the patient can indicate whether he: (1) wants to phone for an appointment; or (2) wants an appointment made and noted on the card before it's sent out. You can file these cards in a calendar file and mail them out about two weeks before the physical is due.

Q. Recently, in an attempt to get my collection percentage up, I joined the local credit bureau. Would it be good psychology to let my patients know I'm a member?

A. Many doctors hang their membership plaques in the re-

ception room or secretary's office. Others print on their bills: "Member of the XYZ Credit Bureau." The panel thinks that if you and your aide are doing a good job on collections, you don't need this covert threat.

Q. Should I make a charge for routine reports to attorneys? What if the case is complicated and may require me to appear in court?

A. All you have to earn your living by is your skill and your time. If you spend time writing reports for attorneys, then you ought to be paid for that time. If you spend extra time on complicated cases or court appearances, then you ought to be paid extra. It's as simple as that.

Q. Should I tell all my patients that I'm raising my fee for house calls?

A. If your object is to discourage house calls, by all means publicize the raise. But if you're hiking them simply because you've decided they're too low at present, don't make a point of announcing it. For example, tell patients who ask about the fee that your former \$6 charge

is now \$8. For those who don't ask, simply send out the bill at the new rate.

Q. What can I do about patients who owe fairly large bills but pay me only for current office calls? They ante up a little on the back debt only when my collection letters get ominous.

A. Have your aide invite such a patient into her office for a frank talk. Let her suggest that by paying a little extra each time (even as little as \$2 more on a \$5 service) the patient can catch up. If her chat brings no results, you'll have to join in yourself. If there's still no improvement, you'll have to decide whether you want the patient at all.

Q. What about sending out "no balance" statements to patients who've incurred no charges during the current billing period? I've noticed that department stores do it with their charge-account customers.

A. Maybe so, but it smacks too much of commercialism for doctors to do it. Your patients, if they're satisfied with your care, will return without this none-too-subtle invitation. END

'It's cheaper to die'

William Michelfelder, a newspaper reporter who specializes in exposés, has now written a sensational book attacking the medical profession. It offers the public a peephole into an alleged medical underworld of unethical "dollar-minded doctors." Here are some of the book's highlights, together with a sampling of comments showing the reactions of doctors to its angry charges.



You won't be surprised at hostility or suspicion in a patient if you know he's read a book gruesomely titled "It's Cheaper to Die."⁶ This book does more than just swell the current outcry against high medical costs. It lays the blame squarely on the doctors—for cupidity, conniving, and illegal racketeering.

Author William Michelfelder, a veteran news reporter, has handled more than one

medical exposé for the New York World-Telegram and Sun. He follows the same sensational style in his latest book, which charges that a millennium of low-cost health care is being fought off by none other than the American Medical Association. Organized medicine—or so his story goes—tries to stamp out the economical panel-type plans in order to preserve the privilege of charging fees. And why this all-out defense of the fee principle? Because, the author explains, without fees

⁶ "It's Cheaper to Die—Doctors, Drugs, and the A.M.A." By William Michelfelder. Published by George Braziller, New York, 1960.

...Your profession

there couldn't be fee splitting.

"Dog-eat-dog competition among doctors [has] been spawned by increasing specialties"—and at the center of this economic strife, according to the author, stands the general

practitioner, alternately victim and vampire: "The embattled G.P. has to get out and fight for his share of the medical dollar . . . The specialty man crowds him from all sides . . . He must look for dollars . . . by



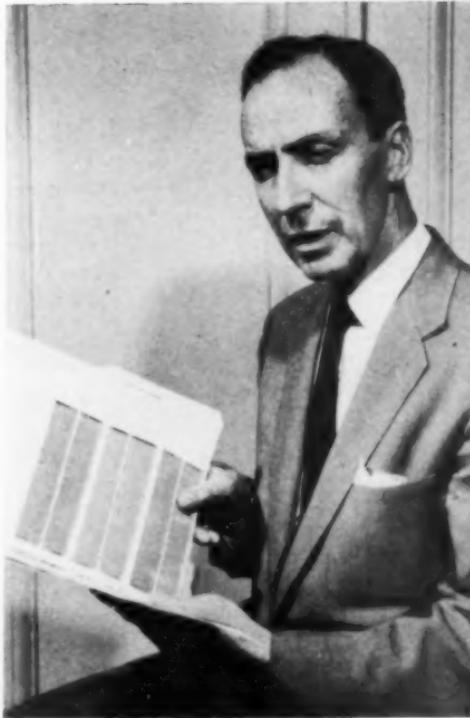
“ Sure, it's cheaper to die than to pay for the control or cure of some otherwise fatal disorder," comments Dr. Lyon Steine of Valley Stream, N.Y. "It's also cheaper to go hungry than to eat, cheaper to be naked and cold than to buy clothes, cheaper to sleep in the park than to rent a room. But what all this proves is more than I can tell—and I'll bet it's more than Michelfelder can tell, too. **”**

making referrals to specialists . . . who will often 'kick back.' "

In medicine's economic dog-fight, Michelfelder maintains, the ones who really get hurt are the innocent bystanders—the patients. He cites the story

of John B, whose bout with hepatic cirrhosis left bills that topped his insurance coverage by \$1,300. John B's family physician had called in three consultants. One should have sufficed, says Michelfelder. But

“ Michelfelder might better have turned his attention to the useless cost of 'dying,' says Dr. Gordon Vail Stoddard of East Orange, N.J. "My deepest sympathy goes to the widow who pays to have a mahogany box with silver handles buried in the earth. Better \$1,000 invested in good medical care than half the sum put out just to do 'the right thing' by somebody's ashes . . . **”**



...Your profession

"these specialists would pay for the referral," and "their bills would take care of kickback."

So in addition to the G.P.'s bill for \$175, John B had to pay the three specialists \$225, \$180, and \$250. They in turn

"kicked back a total of \$200 to the family doctor . . . [He] also collected \$175 from Blue Shield, which brought his total up to \$550."

Exceptional, you say? Routine, says Michelfelder. He ac-



“ Michelfelder doesn't mention how often people run up unnecessary medical bills by insisting on specialists," says Dr. Charles L. Farrell of Pawtucket, R.I. "Many mothers can't face the bridge club unless they have an orthopedist for Junior's simple fracture and a gastroenterologist for Father's nervous stomach. And still our profession is the only one in the world that, through health insurance, helps people pay **”** for the services they get. **”**

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cuses the profession of what he calls "the cold-blooded business of horse-trading with the patient's money on a basis of expediency and fraternalism, and to blazes with qualifications." The public can tell that this is

going on, he explains, when a G.P. "keeps referring patient after patient to one surgeon . . . It is obvious that the surgeon must show his gratitude.

"First, the surgeon has the G.P. in consultation wherever

" Michelfelder has simply exhumed the old rabble-rousing idea that all doctors are getting wealthy at the expense of their sick patients," says Dr. Sidney J. Peck of Hollywood, Fla. "This is untrue and unfair. Many studies have shown that the incomes of the average physician and the average master plumber are not actually far apart when such factors as working hours, overhead, and initial investment have been taken into account. **"**

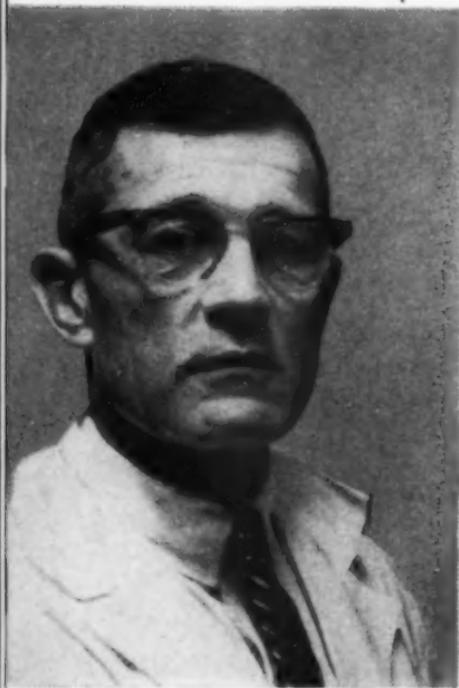


...Your profession

and whenever feasible—on his own patients. Secondly, the surgeon keeps his ear tuned on such other medical work, exclusive of surgery, as may fall in his path . . . He refers it to the G.P. [though] there are occasions in which he knows full well that some other G.P. could

handle the case more profitably."

All this, he declares, helps maintain the doctors' high income level, which "rarely dips below \$25,000 annually . . . In the more plush neighborhoods over \$100,000 is average." The harassed public naturally finds



“ Michelfelder complains that medical incomes are too high," comments Dr. H. Max Schiebel of Durham, N.C. "Most M.D.s could earn more in some other business or profession, working about two-thirds as long as they now work and without the huge initial investment of training time and money. Gas station operators in our moderate-size Southern community, for example, admit to incomes that average between \$20,000 and \$30,000 a year. **”**

it "cheaper to die," according to Michelfelder's reasoning, since "health expenses" amounted to \$16.2 billion in a sample year and "death expenses" to only \$1.4 billion.

Helpless patients, he says, can get back at their medical exploiters in only one way:

malpractice suits. Michelfelder labels the phenomenal increase in these actions as "a tidal wave of protest."

And his conclusion is a threat: "Americans today will find a way to lower costs and better medical service—or they will make one."

END

"I don't believe what Michelfelder says about kickbacks," Dr. George A. Unfug of Pueblo, Colo., comments. "In almost thirty years of practice, I've never had a single doctor ask for one. Michelfelder should present any cases of wrongdoing he knows about to a grievance committee. He's well aware that such committees exist in most states. This action on his part would do more for the public than embarking on sensational-mongering exposés."



We'd better get ready for Federal medicine!

Some form of it is sure to come, says this urologist. Will U.S. doctors be caught short as their British colleagues were? Not if they set up bargaining committees NOW

By Sol Heinemann, M.D.

It's high time we doctors faced up to a sobering fact: More Government intervention in medicine is inevitable. It may not come this year or even next. But it's coming, if only because our new President and his party are both committed to the first big step toward "Federalizing" medicine—care for the aged through Social Security. It's going to come despite the A.M.A.'s promise of a last-ditch fight. The problem now is *how we're going to accommodate ourselves to it.*

We're sometimes accused of attacking professional problems only after outside pressures force us to. All too often, I'm

afraid, the charge has been true. But if we keep our heads buried in the sand *this* time, we're going to wind up—like our British colleagues—working under a system devised chiefly by politicians and bureaucrats!

I propose, instead, that we organize an immediate plan of action. Its aim: to get us as big a voice as possible in whatever medical program the Government develops.

First, let's appoint a panel of physicians at the national level—backed by similar panels at state and county levels—to represent us in our dealings with the Government.

Their function: to act as medicine's spokesmen. They'll need to become experts on our philosophy, fees, and professional standards. Then, when the time comes for us to participate in Federal medicine—either in its initial phase or full-blown—they'll be able to bargain for us with authority.

And they'll have some important bargaining to do. Since

the time of Hippocrates, providing free medical care to those unable to pay for it has been one of our profession's brightest traditions. Once the Government takes over, this tradition no longer applies. The cost of this care then becomes the responsibility of the nation's taxpayers.

Therefore, as I see it, the panel must make sure that doc-



"Let's not kid ourselves any longer that the danger of Federalized medicine in the United States will pass," warns the author, Dr. Sol Heinemann of El Paso, Tex.

...Your profession

tors don't end up underwriting a Government program by giving their time and services for less than they're worth. You won't find any other professions or industries or unions in the country playing Santa Claus!

This matter of fees is bound to play an important part in our panel's negotiations. Past experience has taught us that governmental fee schedules usually contain two inherent dangers:

1. They're often set far below going rates. Many state welfare schedules, for instance, average out to only about one-third of physicians' usual charges.

2. A fee that's fair when set is apt to become unfair later because of inflation. Take the Veterans' Administration's \$50 maximum for a consultation. Reasonable back in 1945, it's much too low by the standards of today.

The panel, therefore, must see to it that any Federal fee schedule approximates going rates and is flexible enough to change with the times.

Our experts should be ready with strong recommendations on many other professional problems. Here are a few examples:

† How should diagnostic work be handled under a Federal program? On a hospital in-patient basis, on an out-patient basis, or on both?

† How should the Government look at specialty work? As something to be done *only* by specialists?

† Should radiology, pathology, and laboratory work be under the hospital services or under the medical services of the program?

† Who's going to administer medical discipline under a Federal program?

† When should consultations be mandatory under Federal medicine? Must consultants be board men?

These and many other professional-standards questions are bound to come up soon. If we don't have answers to them—and I mean expert answers—someone else will. The time for medicine to start preparing these answers is *now!* END

States move slowly on Kerr-Mills aid to aged

If adopted by them in time, this plan could block the proposal to add health insurance to Social Security. Here's late word on how it's doing

By Howard R. Lewis

About half a year has passed since the Kerr-Mills Act became law. So far, six states* have passed legislation to implement the Act. The Department of Health, Education, and Welfare expects perhaps another dozen to qualify before 1961 is out (see table on page 103).

The Kerr-Mills Act, you'll recall, enables the states to set up—with Federal aid—two major programs of medical care for the aged. The Act is designed to: (1) *extend* existing Old Age Assistance to include medical payments; and (2) *add* a new program called Medical Aid for the Aging. This new program

provides benefits for the "medically indigent"—persons not eligible for Old Age Assistance, but still unable to afford medical care.

Under the Act, each state draws up its own rules for eligibility and benefits, then submits its plan to the H.E.W. Department for approval. The Federal Government foots part of the bill—from 50 to 80 per cent, depending on the state's financial need.

Kerr-Mills gives a state lots of leeway in setting up a program. Few minimum requirements are spelled out in the Act. So H.E.W.'s likely to give a state the nod if it provides for any

* Ky., Mass., Mich., Okla., Wash., and W. Va.

amount of both institutional and noninstitutional care, and if benefits are uniform throughout the state. But once a program is approved, its administration is entirely on the local, state, and county level.

The A.M.A. has given the Act heavy support. "It's a sound alternative to health insurance under Social Security," says Dr. Roy T. Lester, manager of the A.M.A. Washington office. "It minimizes Federal control, and it keeps costs down by giving help only to those who need it. Moreover, it provides for immediate benefits, while the Administration's proposal calls for a delay of a year or two." An A.M.A. brochure hails the Act this way: "The Kerr-Mills law can do the job that needs to be done—and do it quickly, effectively, and economically."

This may be true, but the states have yet to demonstrate it. Meanwhile, there have been frequent attacks on the law in the press and over TV. Anti-Kerr-Mills sentiment can be boiled down to these three major criticisms:

1. "The Act will never be

comprehensive enough." Most states, opponents say, are financially strapped and thus won't pass laws to give enough benefits to enough people.

2. "The Act is tied too closely to the Old Age Assistance program." Opponents call Old Age Assistance a pauper's program. They demand instead a Social Security-joined measure—one that doesn't require a means test.

3. "Kerr-Mills benefits would not be uniform under states' administration." Opponents feel that some states blow hot and cold on welfare programs, and that this year's benefits may be cut back when next year's budget rolls around.

The outlook for Kerr-Mills? The A.M.A.'s Dr. Lester is still hopeful. "Pushing these things through state legislatures takes time. Why not give the program a chance?" But unless the states move faster than presently indicated, the Kerr-Mills Act may wind up as no more than a kid brother to whatever Social Security-joined program the Administration manages to get passed.

State-by-state status of Kerr-Mills legislation¹

State	In effect	Introduced	In draft form	Under study	State	In effect	Introduced	In draft form	Under study
Ala.			●		Mont.			●	
Alaska				●	Neb.		●		
Ariz.				●	Nev.			●	
Ark.	●				N.H.			●	
Calif.	●				N.J.		●		
Colo.				●	N.M.		●		
Conn.	●				N.Y.		●		
Del.				●	N.C.			●	
Fla.			●		N.D.		●		
Ga.	●				Ohio			●	
Hawaii				●	Oklahoma	●			
Idaho	●				Ore.			●	
Ill.			●		Pa.				●
Ind.	●				R.I.			●	
Iowa	●				S.C.			●	
Kan. ²					S.D.		●		
Ky.	●				Tenn.		●		
La.			●		Tex.			●	
Me.	●				Utah		●		
Md.			●		Vt.				●
Mass.	●				Va.			●	
Mich.	●				Wash.	●			
Minn.				●	W. Va.	●			
Miss.				●	Wis.			●	
Mo. ²					Wyo.				●

¹H.E.W. Department progress reports as of March 6.

²Does not currently contemplate taking action on Kerr-Mills.

END

Doctors on strike: a case study

Physicians at Cambridge-Maryland Hospital (below) refused to admit any but emergency patients for thirty-seven days. Finally, they forced the hospital administrator and the entire governing board out of office

By Robert L. Brenner

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Like to know the ingredients that go into a doctors' strike? Take a hospital whose physical condition and medical standards have sagged so appreciably that the people it serves are worried about it. Add a hard core of long-term staffers who don't like sudden change. Add a hospital board controlled by hard-headed local businessmen who are used to getting their way. Finally, throw in an administrator who acts as if he believes the only way to run a hospital is with an iron hand. Let these ingredients ferment for a few years, and you'll get



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your strike. That's exactly how it happened not long ago in Cambridge, Md.

The Cambridge doctors' strike (which they referred to as "restriction of admissions to emergency cases only") is worth study because:

¶ It's believed to be the first time that doctors have boycotted a hospital so effectively that the administration finally had to give in and get out.

¶ It's the first time on record that an outside mediating body has been given full authority to decide an internal hospital dispute.

¶ It's a classic example of what can conceivably happen in almost *any* hospital if staff and administration get into such an all-out power fight.

Any serious study of the Cambridge-Maryland Hospital fight has to begin with the background. Cambridge is a quiet little fishing and manufacturing town of about 14,000. It sits where a river with the unlikely name of Choptank empties into the eastern side of the Chesapeake Bay. "Most of its families have lived here for generations," one Marylander told me in the course of a re-



...Your hospital

cent trip I made to Cambridge. "And when a fight gets going in a place like this, it's likely to end in a real blowup."

The Cambridge-Maryland Hospital was set up in 1904 as a nonprofit corporation. Its five-man board of directors had lifetime tenure, and the board had sole authority to fill any vacancies that occurred. The hospital established a good medical reputation during its

first thirty years, when its full-time staff consisted solely of G.P.s. "The key to its success," one present-day board member told me, "was a courtesy staff of some two dozen specialists from Johns Hopkins and other large institutions. They came down regularly to hold consultations and do specialty work the G.P.s didn't feel up to."

In the Thirties, a new gen-



"This is a 'do-it-yourself' kit."

eration of G.P.s began taking over at the hospital. They reportedly felt qualified to handle the work their predecessors had referred to specialists. "The result was inevitable," says the above-mentioned board member. "The hospital's medical standards began to nose-dive. By the mid-Forties, they had hit bottom. Record-keeping was chaotic; there was little or no inspection of surgical tissue; major surgery was being done far too often without preoperative consultation; even autopsies weren't performed regularly. Furthermore, bookkeeping and collections were a mess; the hospital didn't even have a professional administrator."

About this time, the public began to wonder about the hospital's condition. A local Elks' Club member recalls: "We sent a committee to the hospital in 1946 to see if it could use some money that had piled up in our charity fund. The committee came back and said that sanitary conditions there were almost unbelievable. Plaster was falling from the walls; dirt and trash were everywhere. Believe

me, when you get a report like that about your county's only hospital, you begin to worry."⁶

In 1947, a civic group representing the Elks, the Masons, the Rotary, the American Legion post, and other service clubs offered to try to raise \$200,000 for the hospital if three conditions were met:

1. The hospital must appoint a professional administrator.

2. The five-man board of directors must be increased to eighteen; directors' terms must be cut to three years, with no man permitted two terms in a row.

3. None of the money raised could be spent without the approval of both the board and the fund-raising group.

"These conditions were met, and we actually did raise \$90,000," a leader of the civic group says. "But the administrator the hospital hired quit after a few months because of a dispute with the board. About all our campaign did was to wake up

⁶ These lay opinions notwithstanding, Cambridge-Maryland was approved by the American College of Surgeons right up through the end of 1951, when the College stopped rating hospitals.

...Your hospital

the town's leaders to the fact that something had to be done about the hospital."

So much for the background. From 1952 on, events filled in the foreground of the fight. Six new directors—all successful local businessmen—were elected to the board. They were led by Enos Valliant, president of the Dorchester Fertilizer Co. and several other local enterprises. They had one common goal: to raise the hospital's standards to the point where the newly organized Joint Commission on Accreditation of Hospitals would accredit it. One of their first moves was to hire a man named Harold P. Coston as administrator. Coston had a master's degree in public health from Johns Hopkins and a year's experience as assistant administrator of a Baltimore hospital when he took over at Cambridge-Maryland in May, 1953. In the words of the arbitrators who later mediated the dispute, he "sought to bring about improvements at once." And the record shows that he succeeded:

* In 1953, he straightened out the hospital's bookkeeping

and collections and arranged its first annual audit since it was founded.

* In 1954, he helped the hospital get full licensure from the state and provisional accreditation from the Joint Commission on Accreditation of Hospitals.

* He spearheaded the fund-raising for a new \$440,000 diagnostic and surgical wing.

* Finally, in 1957, he helped the hospital get full accreditation from the Joint Commission.

To make these substantial gains, one present board member concedes, Coston had to "step on a few medical staff toes." Some of the doctors saw it differently: They felt he was out to grind them under his heel. What's more, they felt this way from the first time they saw him. One observer recently described that occasion to me this way:

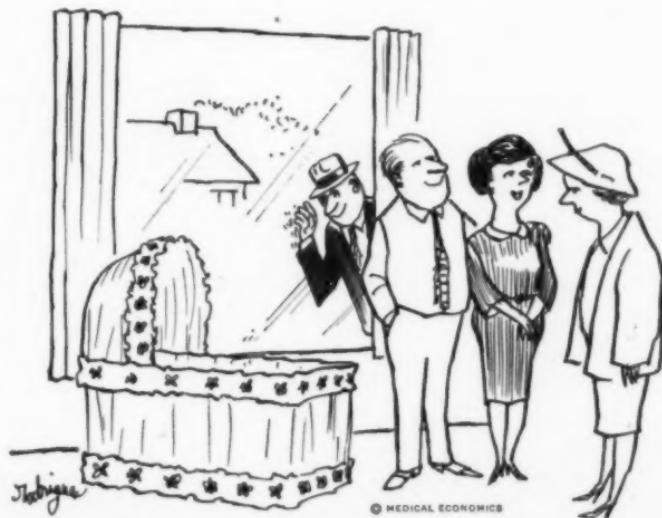
"Three days after he took office, he showed up at a staff meeting, introduced himself, and asked for the floor. Then he spent the next forty-five minutes telling the staff just what he felt was wrong at the hospi-

tal and how he was going to correct it—or else! Remember, this was the first time most of the doctors had ever met the man."

Coston continued in this forthright vein. A local newspaper man reports: "As the rift between him and the staff widened, he'd often come and discuss his problems with me. I soon decided that he was utterly unable to see the other

side's point of view. Increasingly, he talked as if medical staff members were enemies who must be beaten into submission."

Coston's attitude toward medical matters struck some staffers as unusual, too. "He'd had two years of medical school before he switched to administration," one doctor says, "and he sometimes acted as though this qualified him to judge our



"Gerald and I discussed it thoroughly and agreed that artificial insemination was the best course . . ."

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Hobbs, L. F.: The Use of Phenelzine, An Antidepressant, in General Practice. A Preliminary Report of 200 Cases. *BRITISH MEDICAL JOURNAL* 260:692 (December) 1959.



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handling of patients. At staff committee meetings, for instance, he'd sometimes select a half-dozen or so case records for review. He'd go over each one point by point and ask questions like: 'Do you gentlemen really think this diagnosis is correct?' or 'Was this drug really indicated here?'"

This no-nonsense approach made four or five older staffers take a dim view of the new administrator from the very start. But most of the rest of the staff didn't—until an incident in mid-1957.

Anesthesia at Cambridge-Maryland had been handled for years by Anne Sutton, a registered nurse-anesthetist whom the entire staff liked and trusted. By 1957, however, the hospital needed twenty-four-hour service. So the board told Coston to hire a second anesthetist. The doctors asked for the right to pass judgment on the candidate selected; they were told that hiring such a technician was strictly the administration's business. While this was still being discussed, Coston announced that he'd hired one

Angelo Costas and—the doctors say—ordered the staff to use his services.

The doctors were furious. They felt that Costas' credentials should have been checked more thoroughly before he was hired. Costas was hired as a technician. But the doctors later maintained in court that he claimed to hold an M.D. degree from a university in Turkey and that when the staff's credentials committee cabled the university about him, the school replied that it had never heard of him.

The anesthetist himself resolved this immediate issue. When he learned that the staff was checking his background, he abruptly left town. To this day, no one in Cambridge knows where he went.

"Up to this point," one young staffer told me, "the administrator had impressed us more favorably than he had the older men. We recognized how he'd improved the record-keeping and the sanitary and physical conditions at the hospital. But this Costas affair started many of us wondering whether a

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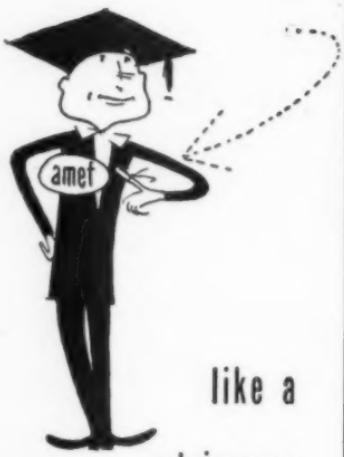
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...Your hospital

change in the administration
mighn't be necessary."

On the other hand, this same incident made some key board members more determined than ever to *keep* their administrator. They felt the board had already suffered one major defeat in losing the anesthetist. "Unless we wanted the staff to regain the complete control they'd had in the old days," one board member recalls, "we had to back Coston to the hilt."

And that's just what the board did in ensuing months. Whenever the doctors complained about some order or policy they considered out of line, they were told bluntly that the administrator was acting with the board's full approval and that any doctor who refused to comply risked losing his staff privileges. For their part, the doctors launched what one of them calls "relentless guerrilla warfare" against the administrator.

Most of the skirmishes during the next two years were too distasteful to bear recounting. A typical incident occurred in June, 1959. The entire staff

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1. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S.: Southwestern Med. 41: 286, 1960. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960.

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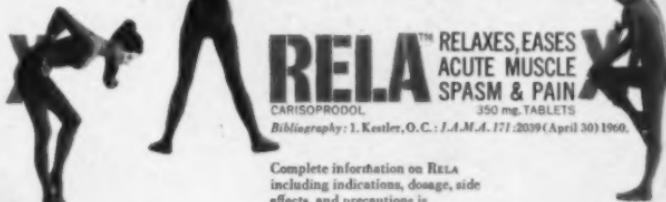
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Bibliography: 1. Kestler, O. C.: *J.A.M.A.*, 171:2039 (April 30) 1960.

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boycotte and thus forced the resignation of an admittedly first-rate anesthetist *whose qualifications the staff had approved before he was hired*. Alleged reason for the boycott: He'd been hired as Mrs. Sutton's superior, rather than as her subordinate or equal.

After this, events moved fast toward a climax. On July 1, 1959, the hospital's fifteen physicians and four dentists filed suit against Coston and the entire board. They asked the court to define their "rights, privileges, duties, and obligations" at the hospital and to enjoin Coston and the board from "interfering" with them. In reply, the board denied that

there had ever been interference in "areas of no concern to the administrator." It also charged that its "efforts toward expansion have been deliberately and artfully hampered . . . by some members of the active medical staff . . . possibly for fear that an expanded hospital may attract other physicians who may cut into the practices of such present members."

On Oct. 30, Circuit Court Judge W. Laird Henry dismissed the doctors' suit. Under Maryland law, he said, "the board is the final authority in the management of the hospital, and their orders, in the absence of fraudulent and illegal acts . . . are final and are not subject to court orders." He added: "The disease . . . in this case is not one that a court can . . . cure. It is one that the parties to the proceeding can cure if they act reasonably and with due consideration of the other fellow's point of view." But both sides soon showed they were beyond this.

On Dec. 6, the staff appealed Judge Henry's decision.

On Dec. 7, the board met. It



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revised its by-laws to permit Board President Valliant and five other members—whose terms were to expire in February—to remain in office. The board also reappointed Coston. Then it triggered the explosion that had been building up for nearly seven years. The board announced that Dr. John Mace, chief of surgery, was suspended "indefinitely." No charges were made against him; he had no hearing, and the board gave no reason for the suspension. (One man present at the meeting told me it was punishment for what he called Dr. Mace's "leading role" in the June boycott of the anesthetist. But another observer who was nearly as close to the case maintains that it was "strictly a show of power.")

The doctors quickly decided that the board had just unleashed its ultimate weapon. Late on Dec. 9, Chief of Staff Albert E. Bunker announced that all nineteen men on the staff had signed an agreement. Unless Dr. Mace were reinstated within twenty-four hours, it said, they would "im-

mediately restrict admissions . . . to actual emergency [including maternity] cases until there has been a complete change in the administration and its policies." If any more doctors should be suspended or have their reappointments held up, "we proclaim such action to automatically apply to all other members of our staff."

The board held fast, and the strike was on.

It lasted thirty-seven days. It reduced the seventy-eight-bed hospital's occupancy to a low of nine. It came within a hairsbreadth of closing the hospital completely. And it made news almost every day. Imagine the contemporary effect of these reports:

Dec. 10—"Stroke Patient Treated At Home By His Doctor," says a neighboring town's newspaper: "A salesman in his fifties suffered a stroke about 7:30 P.M. last night, but was not admitted to the Cambridge-Maryland hospital by his physician. The doctor said he sent oxygen to the home . . . as a precautionary measure . . . The case is typical of what may hap-

for acute

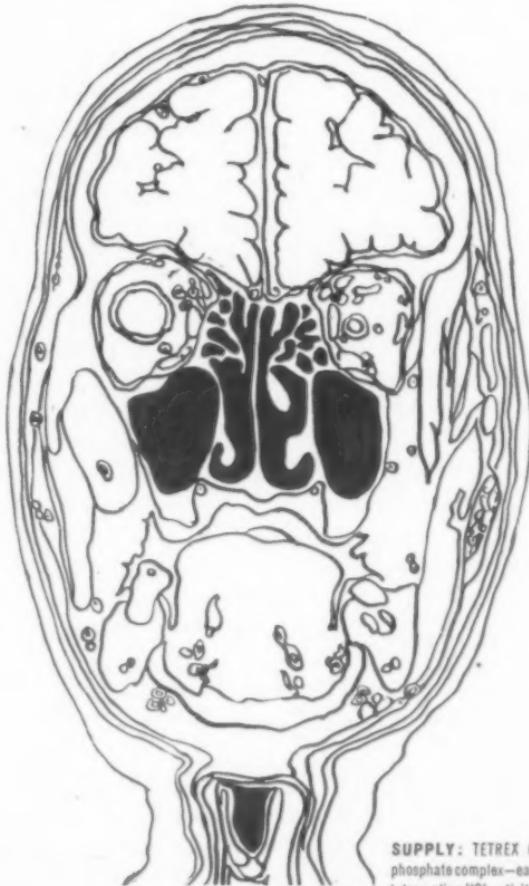
upper respiratory infections

Tetrex®

The Original Tetracycline Phosphate Complex

U.S. PAT. NO. 3,705,609

effective control of pathogens...with an unsurpassed record of safety and tolerance



BRISTOL LABORATORIES, SYRACUSE, NEW YORK

Dir. of Bristol-Myers Co.



SUPPLY: TETREX Capsules — tetracycline phosphate complex—each equivalent to 250 mg. tetracycline HCl activity. Bottles of 16 and 100.

TETREX Syrup — tetracycline (ammonium polyphosphate buffered) syrup — equivalent to 125 mg. tetracycline HCl activity per 5 ml. teaspoonful. Bottles of 2 fl. oz. and 1 pint.

pen daily in this city if the dispute between the hospital administrators and the medical staff continues."

—The board offers to let the Maryland Hospital Council mediate the dispute.

—The doctors say they've arranged to send patients to hospitals in two neighboring counties. They offer to accept the state medical society as mediators.

Dec. 12—The Cambridge City Council, the Dorchester County Commissioners, the Dorchester County Ministerial Association, and the Junior Chamber of Commerce urge a truce.

Dec. 18—Attorneys for both sides meet but can't agree.

Dec. 26—The directors make a truce offer. They'll reinstate Dr. Mace and let both the state medical society and the Maryland Hospital Council appoint an "investigating authority" if the doctors will call off their strike.

Jan. 5—The finance committee of the hospital says it's losing \$500 a day because of the boycott.

—At a stormy four-hour

meeting, the doctors tell a group of former board members they'll end their strike only if Coston and the entire board resign.

Jan. 7—Board President Valiant declares angrily that "the real designs of the medical staff" are "control of the hospital—lock, stock, and barrel." And he warns: "It is a matter of a few days now before financial necessity resulting from the doctors' boycott will close the [hospital's] doors."

—Cambridge's biggest employer, the Rob Roy textile company, cancels "all plans for future expansion in Cambridge" because of the dispute.

Jan. 9—The board sends all staff members individual applications for renewal of privileges. It reminds them that unless these are received and approved before Jan. 12, all their privileges will expire. It adds bluntly: "If a sufficient number of physicians apply for new appointments . . . [the] hospital will remain open to accept patients from the doctors so appointed."

Jan. 11 (A.M.)—Showdown!

THE BENEFITS OF
SUSTAINED
RELEASE IRON
PLUS A FECAL
SOFTENER

NEW
**FERRO-
SEQUELS**

SUSTAINED RELEASE IRON CAPSULES LEDERLE

**TO MEET THE SPECIAL NEEDS OF
PREGNANCY**

A rational approach to the increased iron needs and increased G.I. sensitivity of pregnant patients. Sustained timed action releases iron in the area of optimal uptake—primarily in the duodenum-jejunum, and some in the ileum. The possibility of G.I. irritation is reduced because ferrous fumarate is a better tolerated form of iron, and because the concentration of iron is never unduly high at any point. FERRO-SEQUELS also contain dioctyl sodium sulfosuccinate which helps soften stools for easier elimination.

Each two-tone, green FERRO-SEQUELS contains:

Ferrous fumarate (equivalent to 50 mg. elemental iron)	150 mg.
Dioctyl sodium sulfosuccinate	100 mg.

Dosage: 1 or 2 SEQUELS daily. **Supplied:** Bottle of 30.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

for alert tranquillity

to curb anxiety without curbing precision skills

Because effective antianxiety measures include:

- retaining clarity of mind, sound judgment, precision skills
- retaining natural zest, sense of contact, interest in life
- avoiding ataxia, drug-linked weight gain, destructive impulses
- avoiding jaundice, blood dyscrasias, extrapyramidal reactions

Indications: For use in the common anxiety-tension states, as well as in virtually all conditions in which heightened tension is a barrier to mental or somatic well-being.

Dosage: The usual dosage in adults is one tablet three times daily, preferably just before meals. In insomnia due to emotional tension, an additional tablet at bedtime usually affords sufficient relaxation to permit natural sleep.

Supplied: Pink, coated, unmarked tablets, 200 mg., bottles of 100.

Before prescribing or administering STRIATRAN, the physician should consult the detailed information on use accompanying the package or available on request.

MSD MERCK SHARP & DOHME
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WEST POINT, PA.



striatran®

EMYL CAMATE

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...Your hospital

Chief of Staff Albert Bunker announces that the staff has submitted a blanket request for renewal of privileges, rather than the individual applications stipulated.

Jan. 11 (P.M.)—Victory for the doctors! At an evening meeting, Enos Valliant and five other key directors decide not to run for re-election. Eight new board members—who did not even know they were being

considered for office—are immediately elected. All doctors' privileges are renewed for another year except those of John Mace, who is still suspended. Although the boycott continues, the board and staff agree to meet.

Jan. 15—The strike ends. Dr. Mace is reinstated. Board and staff agree to give a five-man team of arbitrators not connected with the hospital full



"She keeps calling for the Yale Club."



SUCCESSFUL FAMILY
PLANNING...BASED ON
YOUR COUNSEL AND
LANESTA® GEL

Every young couple about to be married needs advice of all sorts, and they'll get it, too — from everybody — some good, some bad. But some of the most valuable counsel they can get — help in planning their own family — comes best from you. Their family happiness for many years can depend on what you suggest to them, including your recommendation for the use of Lanesta Gel.

Lanesta Gel, with or without a diaphragm, is a most effective means of conception control. Lanesta Gel offers faster spermicidal action because it rapidly diffuses into the seminal clot. In fact, Gamble ("Spermicidal Times of Commercial Contraceptive Materials—1959"*) found the mean diffusion spermicidal time of Lanesta Gel to be three to seven times faster than the mean diffusion times of ten leading commercial contraceptive creams, gels, or jellies.

Lanesta Gel has complete esthetic acceptance and is well tolerated.

A Product of Lanteen® Research

BREON

Supplied by Esta Medical Laboratories, Inc., Alliance, Ohio

*Gamble, C. J.: Am. Pract. & Digest. Treat. 11:852 (Oct.) 1960.

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BREON LABORATORIES INC.,
New York 18, N. Y.



...Your hospital

authority to settle the whole dispute . . .

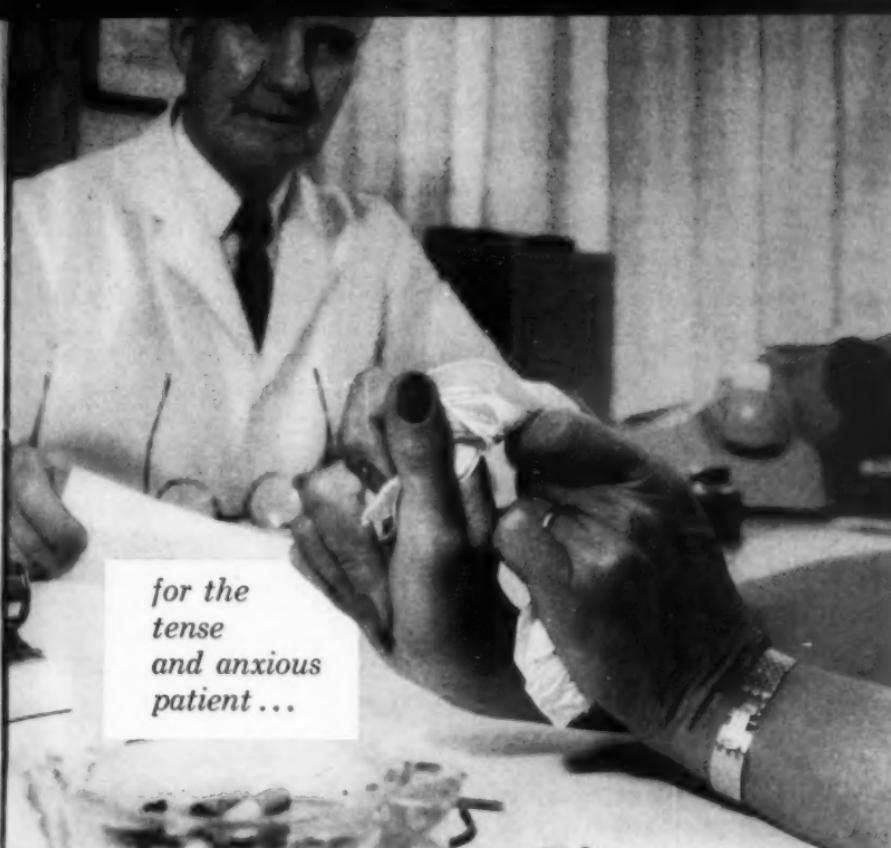
So much for day-by-day reports. Under the agreement that ended the strike, the staff and the board each named two arbitrators, and these four then named a fifth. The men eventually chosen to pick up the pieces in Cambridge included the then president of the A.H.A., a former president of the state medical society, a former judge, and delegates to the A.M.A. and the state medical society. Early last June, after hearing testimony from nearly everyone even remotely connected with the dispute, the arbitrators gave their decision:

Harold Coston, they said reluctantly, must go. "With the exception of his relationship with certain members of the staff . . . Mr. Coston has done an excellent job. We do not say that Mr. Coston is at fault for the situation which has developed, but he has been so intimately involved in this controversy that we believe it is necessary for the effective functioning of the hospital that he sever his connection."

The arbitrators also directed staff and board members who'd been similarly involved to "step aside at this time and allow others to assume the reins of leadership." They declared Drs. Bunker and Mace and two other senior staffers ineligible to serve as officers or on the staff executive committee for three years. And they barred Enos Valliant and five other former directors from serving on the board for the same length of time.

In addition, they recommended that the board no longer be self-perpetuating. The hospital's charter should be changed, they said, to allow a vote in electing directors to every Dorchester County resident who contributed \$5 or more per year to the hospital.

Finally, they admonished the staff to "assist the administrator" in finding a second anesthetist, to "seek . . . satisfactory professional coverage for the laboratory and tissue pathology," and to "seek doctors in such specialties as orthopedics, radiology, urology, internal medicine, and pediatrics



for the
tense
and anxious
patient ...

the only sustained-release tranquilizer that does not cause autonomic side reactions

- **SAFE, CONTINUOUS RELIEF** of anxiety and tension for 12 hours with just one capsule—without causing autonomic side reactions and without impairing mental acuity, motor control or normal behavior.
- **ECONOMICAL** for the patient—daily cost is only a dime or so more than for barbiturates.

Meprospan®-400

400 mg. meprobamate (Miltown®) sustained-release capsules

Usual dosage: One capsule at breakfast lasts all day; one capsule with evening meal lasts all night.

Available: *Meprospan-400*, each blue-topped capsule contains 400 mg. Miltown (meprobamate). *Meprospan-200*, each yellow-topped capsule contains 200 mg. Miltown (meprobamate). Both potencies in bottles of 30.

W WALLACE LABORATORIES / Cranbury, N. J.

GME-4233

...Your hospital

to give at least part-time coverage."

What's been the situation at Cambridge-Maryland since then? Well, the hospital lost its accreditation last year because of the fight. But there have been many hopeful signs. There have been cordial relations between the staff and the all-new board—which was elected last August in strict accordance with the arbitrators' recommendations. There have been no complaints against the new administrator, who took office last November after being approved unanimously by both the board and staff.

Although last month the hos-

pital still had no second anesthetist or full-time pathologist, applicants for both positions were being considered. And a consultant in orthopedics had already been approved by the board and the staff.

"We believe the present board, staff, and community at large have learned certain bitter lessons from this unfortunate experience," one hospital spokesman says today. Chief lesson: You can't run a hospital when the doctors and the administration are pulling in opposite directions. It's unlikely that anyone connected with Cambridge-Maryland will ever forget that. END

Nursery nightmare

Late one night, the small hospital in which I worked was thrown into near-panic when we discovered two newborn babies missing from the nursery. After a frantic search, I was sent to wake the resident physician. I got no response to my knock, so I walked in. There was the doctor, sound asleep, a peaceful infant dozing in each arm. His sheepish explanation: "These two cry-babies were keeping me awake, so I just took them to bed with me." —A. Hale Windhager

for the first time
adequate iron
in convenient
sustained-release
form for more
efficient assimilation



Mol-Iron ***Chronosules***TM

sustained-release capsules

for improved treatment of iron-deficiency anemia
Each Mol-Iron Chronosule contains the equivalent of 80 mg. elemental iron. Gradual dosage release means greater patient tolerance — minimizing G.I. disorders. Marked increases in hemoglobin and hematocrit levels through sustained liberation of more absorbable Mol-Iron. All the advantages of specially processed Mol-Iron — now in the form most conducive to efficient assimilation.

Dosage: Adults — one Mol-Iron Chronosule daily. In severe anemia, one Chronosule twice daily. Children — one Mol-Iron Chronosule daily.

Supplied: Bottles of 30 Chronosules.

Complete information concerning the use of this drug is available on request.

WHITE LABORATORIES, INC., Kenilworth, New Jersey

White

GOOD NEWS

FOR DOCTORS
JUST STARTING
PRACTICE

THE DAILY LOG

SPECIAL
INTRODUCTORY
OFFER



Colwell's Introductory Offer provides you with a definite program of money-saving values, service and information on the complete line of Colwell Practice Management Aids, Office Record Supplies and Professional Stationery. By taking advantage of this special offer, substantial savings can be made in organizing the business side of your practice on a sound, efficient basis.

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238 Kenyon Road Champaign, Ill.
Please send me the Daily Log Introductory Offer Information Kit for physicians just starting in practice.

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CITY _____ STATE _____

Your estate

Bank in Switzerland?

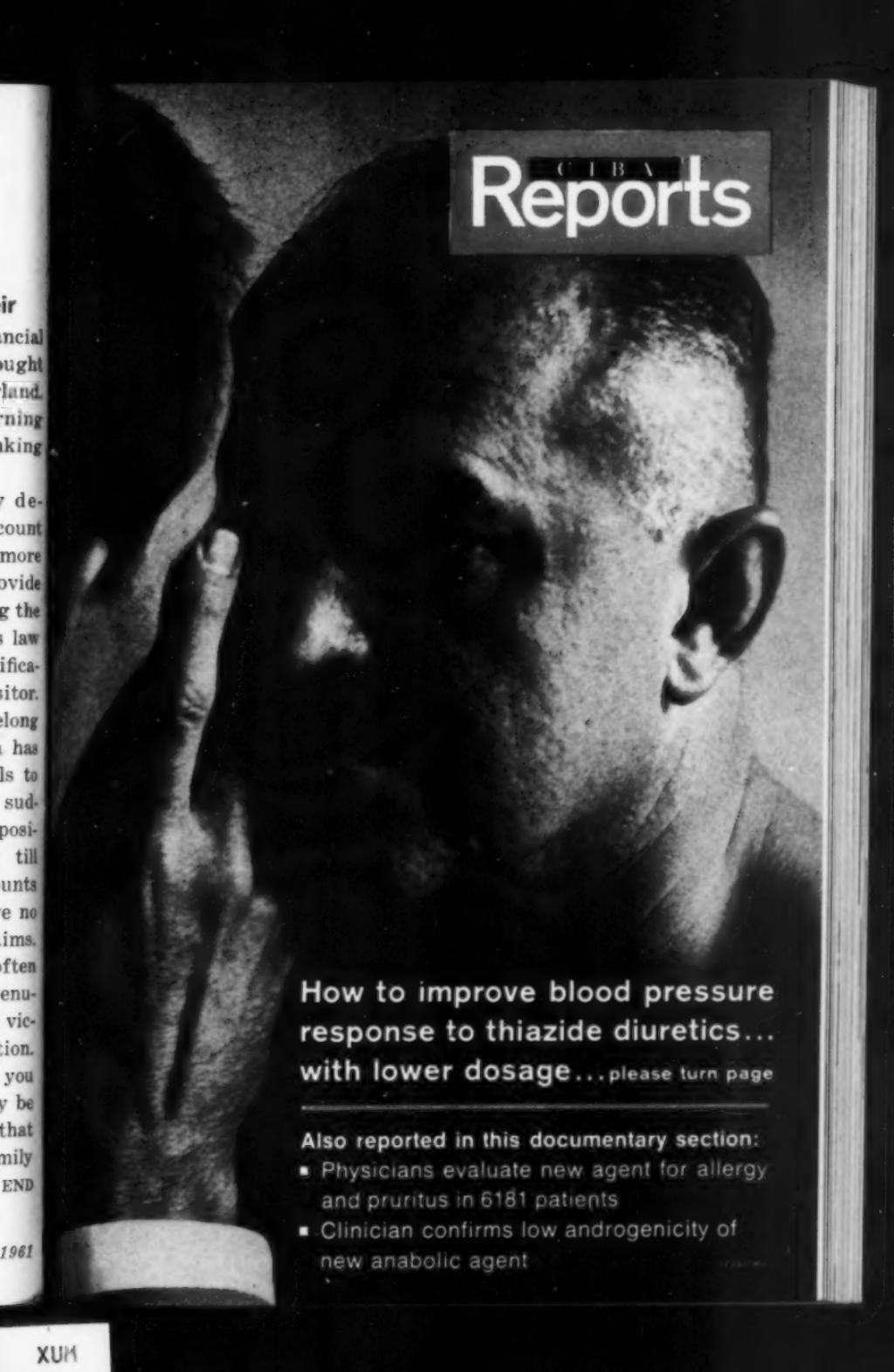
The bank may be your heir

If you need extreme financial privacy, you may have thought about banking in Switzerland. If so, here are words of warning about that citadel of banking secrecy.

Swiss banking policy demands that your bank account be identified by nothing more than a number. You provide your "signature" by writing the number in longhand. Swiss law actually forbids the identification of an investor-depositor. Since unclaimed deposits belong to the bank, this provision has brought enormous windfalls to the canny Swiss after the sudden deaths of big-time depositors. Heirs may contend till doomsday that the accounts existed, but they often have no means of proving their claims.

The veil of secrecy has often been a godsend to those genuinely in need of it, such as victims of Communist persecution. But you're taking a risk if you join them. Your money may be inherited by Swiss banks that need it less than your family does.

END



CIBA Reports

How to improve blood pressure response to thiazide diuretics... with lower dosage... please turn page

Also reported in this documentary section:

- Physicians evaluate new agent for allergy and pruritus in 6181 patients
- Clinician confirms low androgenicity of new anabolic agent

I'll never overpay my income taxes again

Afraid of I.R.S. bogeymen for years, this doctor now uses 'legitimate boldness' in deducting unreceipted cash expenses such as turnpike tolls and sales taxes

By Donald Herbert, M.D.

As a taxpayer, I was a 97-pound weakling. I didn't deduct all my professional car expenses . . . claimed only office expenses I could easily document . . . listed no unrecorded charitable gifts . . . never put down the fare to a professional convention if I remained afterwards for a vacation. In short, I was afraid of the bogeyman from the Internal Revenue Service.

Never again! The thing I've feared since the day I began my practice has happened: I've had a tax audit. Surprisingly enough, I've lived through it. In fact, I wish it had happened

sooner, because I could have saved a lot over the years.

First of all, I'm no longer afraid of the tax audit itself, because I've learned what it is and what it isn't. I know now that it usually *isn't* an ordeal. Nor is it necessarily a sign that the tax men suspect you. Often, it's just one of the thousands of spot checks they make every year. And the worst they can do (unless they can prove fraud or deliberate evasion) is to send you a bill for the additional taxes you owe, plus 6 per cent interest. And remember, you can get up to three hear-

THE AUTHOR, a Georgia G.P., writes here under a pen name.



P.K.'s blood pressure response improved with less thiazide—when Singoserp® was added



Photos used with permission of the patient.

P. K., a postal employee, had marked blood pressure elevation (average, 218/139 mm. Hg), Grade II to III fundi. He had taken whole root rauwolfia without response. On chlorothiazide and mecamylamine, the patient's blood pressure dropped to near-normal levels (average, 140/104 mm. Hg), but he complained of numerous side effects including nocturia. Adding Singoserp to the regimen permitted elimination of mecamylamine, $\frac{2}{3}$ reduction in chlorothiazide dosage. Blood pressure reached even lower levels than previously (average, 120/94 mm. Hg), changes in fundi were reversed to Grade I, and side effects were no longer present.

Study* shows Singoserp decreases thiazide dosage, increases control of blood pressure, improves symptomatic response in 63 hypertensive patients

	Average Blood Pressure		Side Effects					
	(mm. Hg)		Dyspnea		Dizziness		Headache	
	Systolic	Diastolic	No.†	%	No.†	%	No.†	%
Before treatment	187	111	36	57.2	45	71.5	48	76.2
During treatment with 50 mg. hydrochlorothiazide b.i.d.	162	96	12	19.1	18	28.5	12	19.1
During treatment with 25 mg. hydrochlorothiazide plus 1 mg. Singoserp t.i.d.	154	88	9	14.3	6	9.5	1	1.6

(Adapted from Bare *)

†Number of patients

*Bare, W. W.: J. Am. Geriatrics Soc. 8:795 (Oct.) 1960.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Singoserp.

7/2926MK-1

ings; if you're still not satisfied, you can then go to court.

Another important thing I've learned is that tax auditors aren't necessarily out to squeeze the last penny out of you. Doctors who won't take a deduction unless they're armed with iron-clad proof are much harder on themselves than most tax auditors. Such doctors penalize themselves unnecessarily.

That isn't all I've learned from my tax audit. The bitter-

est pill I had to swallow was the realization that nobody this side of Heaven gets any consideration for "good tax behavior." For ten years, I used to search my soul before taking a deduction. Putting myself in the role of the internal revenue agent, I'd ask: Where is the canceled check? Was this expenditure really necessary for my practice? I'd stored proof of my deductions for years past. The auditor put me off

CIBA Report

How to choose the form of Forhistal® best suited to your patients with allergy or itch

Lontabs®—for sustained therapeutic effects up to 12 hours, without peaks of overdosage or periods of inadequate dosage.

Tablets—for prompt relief of allergy and itching when prolonged therapeutic effects are not needed.

Syrup—for children and adults who prefer liquid medication. Forhistal Syrup is slightly sweet, but without distinct flavor. Thus, the problem of taste preference is avoided.

Pediatric Drops—ideal for young children and infants. Slightly sweet, unflavored Forhistal Pediatric Drops can be readily mixed with formula, milk, fruit juices, cereal, etc. A calibrated dropper insures precise dosage.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Forhistal.

2/5827MK



gently but firmly when I offered to bring it out. While such proof is worth keeping, auditors may never review it in full.

It was also a shock to find that only one part of my return was questioned. I had assumed that an audit meant a complete check-up from Schedule A to Schedule J. In my case, the auditor screened my return in a general way, and the only specific questions he asked were about casualty losses.

From now on, I'm not going to begin figuring my taxes until I've reviewed all my cash-spending habits and pored over all my records to see which expenses will qualify as deductions. And I'll never be without the advice of my accountant. He has pointed out that most of my mistakes were made through a deficiency of "legitimate boldness." If you think you have a similar weak spot, ask yourself these questions:

CIBA Report

On Doriden,® tense hospitalized patient gets needed sleep and awakes refreshed



Mrs. Z.'s sleep problem was solved without morning "hangover"

Doriden was prescribed for Mrs. A. Z. from her first night in the hospital to and including the night before a scheduled thyroidectomy. The patient was continued on Doriden from the day after surgery until her discharge the sixth postoperative day.

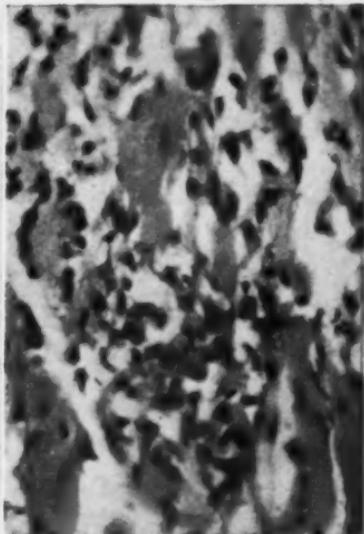
Result of Doriden therapy: The patient slept about 7 hours each night, awoke refreshed and without aftereffects. She stated, "That was good because I usually don't sleep very well." Her physician reports that Mrs. Z.'s response to Doriden was "fine."

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Doriden. Photo used with permission of the patient.

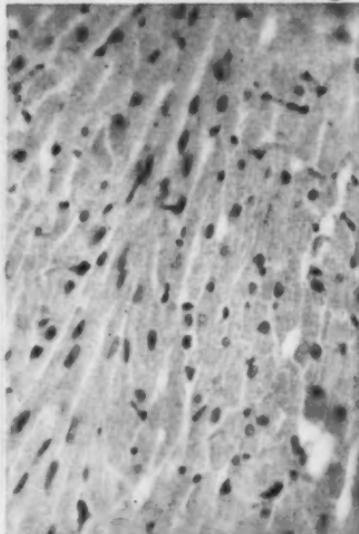
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Report

Serpasil® protects laboratory animal against stress-induced heart damage



Severely damaged heart muscle of a rat given 2- α -methyl-9- α -fluorohydrocortisone and stressed (restraint). (After Raab et al¹)



Undamaged heart of a rat given 2- α -methyl-9- α -fluorohydrocortisone and stressed as at left, but also given Serpasil (0.4 microgram daily for one week). (After Raab et al¹)

Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs above: approx. 450X.

Raab et al² suggest that stress may damage heart tissue by stimulating discharges of the potentially necrotizing catecholamines, epinephrine and norepinephrine. These catecholamines, Raab³ contends further, can cause heart damage and dysfunction in hypertensive patients—even after blood pressure has been brought under control. The ability of Serpasil to deplete catecholamines from the myocardium,⁴ which Raab believes explains the heart-protecting effect shown in the photomicrographs above, may also guard hypertensive patients against cardiac damage. Complete information about this added benefit of Serpasil in the treatment of hypertension will be sent on request.

1. Raab, W., Stark, E., and Gigea, W. R.: Unpublished data. 2. Raab, W., Stark, E., and Gigea, W. R.: Circulation 20:754 (Oct.) 1959. 3. Raab, W.: Hormonal and Neurogenic Cardiovascular Disorders, Baltimore, The Williams & Wilkins Company, 1953, pp. 457-475. 4. Carlsson, A., Rosengren, E., Bertler, A., and Nilsson, J.: Psychotropic Drugs edited by Garattini, S., and Ghetti, V., Elsevier Publishing Company, Amsterdam, 1957, pp. 363-372.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions and side effects of Serpasil.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions and side effects of Serpasil.

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Photos

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Do you ever travel on toll turnpikes, bridges, or tunnels? I estimate I spent \$260 in one year on tolls to see patients, visit hospitals, or attend professional meetings. I had no receipts to prove these expenses, so I was afraid to take the deductions I was entitled to. Now I know that you don't always need such proof for reasonable and logical deductions.

Do you list all legitimate travel expenses? My deductible

traveling wasn't entirely by car. I spent at least \$70 in cab fares alone one year, and I made three train trips to Washington, D.C., to attend professional conventions. Again, I was afraid to list these legitimate travel expenses because I didn't have receipts.

Do you deduct all the charity contributions you can? Lack of proof kept me from listing at least \$80 in such deductions. You know the kind I mean—\$2

Photos used with permission of the patient.



Before Ritalin: "I felt tired and distracted...just couldn't get anything done."



After Ritalin: "I noticed the difference the first week...I was able to work at my natural rapid pace."

Report

R. G. is active again... postviral fatigue overcome with Ritalin®

R. G., a real estate broker, made what seemed to be an uneventful recovery from viral pneumonitis. However, reports his physician, when the patient was permitted to resume his usual strenuous activities, "...he complained of easy fatigability and weakness."

Unaccustomed to enforced inactivity, R. G. became depressed. His physician prescribed Ritalin. In one week, the patient's work capacity improved. The physician notes, "His general attitude changed to one of optimism."

©1961

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions and side effects of Ritalin.

...Your taxes

to the March of Dimes, \$5 to a missionary fund, \$1 a week to a religious collection box. As with travel, the I.R.S. knows that you make contributions to charity that you don't record. So any estimate that seems to be a fairly reasonable one will most likely be accepted without question.

There were other contributions I could have deducted, but I didn't dare. For example, my wife donated clothes and furni-

ture to the Salvation Army last spring when she cleaned out the attic. The throwaways had a junk value of \$125, and I could legitimately have listed that amount.

Do you take all the exemptions that you're entitled to? I didn't. I lost a \$600 exemption for my son the year he finished college. He was graduated in May, went to work, changed his mind, and returned to school in September. I figured that the

Report

R.C., underweight convalescent patient, gains 16 lbs. of lean tissue on Dianabol®

Before Dianabol:

Patient R.C. was weak and emaciated following surgery to close perforated ulcer. Low-fat diet and multiple-vitamin therapy failed to build him up sufficiently for further necessary surgery (cholecystectomy).

Photo used with permission of the patient.



After 4 weeks of oral therapy with Dianabol:

Patient had gained 16 pounds of lean weight. Biceps increased $1\frac{1}{2}$ ". His muscle tone was improved; he felt much stronger. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop felt better than he has in the past 2 years."

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three months he worked ended my chances for a dependency exemption. Actually, it didn't at all. As long as he'd attended school full time for at least five months (which he did) and I'd contributed more than half his support (I had), I could have listed him as an exemption.

Does your state have a retail sales tax? If so, I'll bet you do what I used to do—look up all your *major* purchases and list taxes on those only. But do you

realize that the I.R.S. has released "guidelines" that show reasonable sales-tax deductions in many states at various income levels?* My accountant showed me that I could have deducted at least \$250 a year for this, instead of \$125.

When you buy stocks or other securities, do you keep them in a safe-deposit box? If so, you can deduct all or part of the cost of the box, depending on

*See p. 150, this issue.

Compared to 12 other anabolic agents, Dianabol® provides most favorable anabolic/androgenic ratio

The tissue-building effects of Dianabol are obtained at dosage levels that generally preclude androgenic side actions. In this respect, Dianabol has proved superior to 12 other anabolic compounds.*

Relative anabolic and androgenic potencies of tissue-building compounds

Compound	Activity		Ratio of Anabolic/Androgenic Activity
	Anabolic	Androgenic	
Dianabol	100	3	33
testosterone propionate	100	100	1
methyltestosterone	25	25 to 30	1
ethylenestosterone	10	5	2
methylandrostenediol	5	5	1
androstenedione	90	25	3 to 4
19-nor testosterone (or nor-androstanolone)	100	10	10
methyl-nor testosterone	100	6	17
ethy-nor testosterone	100	6	17
ethynodiol diacetate	1	5	0.2
androstenedione phenyl propionate	1200	120 to 150	8 to 10
4-chloro testosterone	80	20	4
fluoxymesterone	375	150	2.5

*Minaré, F.: *Minerva med.* 91:966 (March 21) 1960.

For complete information about Dianabol (including dosage, cautions, and side effects), see *Physicians' Desk Reference* or write CIBA, Summit, N. J. DIANABOL® (methandrostenolone CIBA)

(Adapted from Minaré, F.)

2/2200N

...Your taxes

whether or not you keep personal effects in it. If I had known about this rule, I would have had another \$120 in deductions over the years. And here's a related point: I subscribe to two investment services and a tax service; I never used to deduct their fees, but now I do.

Do you deduct bad debts? Once I lent \$300 to an old college friend at a reunion. That was the last reunion he at-

tended! His I.O.U., my canceled check, and proof that I'd tried unsuccessfully to locate him again were all I needed to support a personal bad-debt deduction. But I guess I really didn't want to admit to myself that I'd been taken. I don't know why not, because I could have recovered nearly half the money through tax savings!

Any old stock losses? Another thing I didn't want to admit to myself was that some

CIBA Report

Alone or in combination, Esidrix® repeatedly proves more effective than chlorothiazide in lowering blood pressure

Reporting on a long-term comparative study of thiazide drugs in hypertension, Bryant et al¹ conclude as follows: "Hydrochlorothiazide [Esidrix] in doses of 75 mg. a day has a greater hypotensive effect than that of chlorothiazide in dosages of 750 mg. a day." Highlights of this study are presented below.

Esidrix alone more effective than chlorothiazide alone

Number of Patients	Average Control B.P.	Average B.P. on Chlorothiazide (750 mg./day)	Average B.P. on Esidrix (75 mg./day)
47	189/109 mm. Hg	171/102 mm. Hg	159/97 mm. Hg

Esidrix-reserpine combination more effective than chlorothiazide-reserpine combination

Number of Patients	Average Control B.P.	Average B.P. on Chlorothiazide (750 mg./day) and Reserpine (.375 mg./day)	Average B.P. on Esidrix (75 mg./day) and Reserpine (.3 mg./day)
26	192/109 mm. Hg	170/96 mm. Hg	161/92 mm. Hg

*Bryant, J.M., Schwartz, N., Roque, M., Fletcher, L., Fertig, H., and Laufer, D.P.: Submitted for publication. For complete information about Esidrix (including dosage, cautions, and side effects), see Physicians' Desk Reference or write CIBA, Summit, N. J. ESIDRIX® (hydrochlorothiazide CIBA) /2896MK

DORIDEN® (glutethimide CIBA)**Nonbarbiturate Daytime and Night-time Sedative**

Indications and dosage: *Night-time Sedation:* 0.5 Gm. at bedtime. May be taken again when needed but not less than 4 hours before rising. *Daytime Sedation:* 0.125 to 0.25 Gm. t.i.d. after meals. *Preoperative Sedation:* 0.5 Gm. the night before surgery; 0.5 to 1 Gm. 1 hour before anesthesia. *First Stage of Labor:* 0.5 Gm. at onset of labor. May be repeated if needed.

Caution: As with other sedatives, emotionally disturbed patients who may receive Doriden over prolonged periods should be observed carefully for possible signs of dependence, even though this occurs only rarely. To minimize withdrawal reactions, dosage should be reduced gradually.

Side effects: Side effects are minimal. Skin rash may occur occasionally, in which case Doriden should be withdrawn.

Supplied: Tablets, 0.25 Gm. (white, scored) and 0.5 Gm. (white, scored); bottles of 100, 500 and 1000. Tablets, 0.125 Gm. (white); bottles of 100.

FORHISTAL® maleate

(dimethylpyridine maleate CIBA)

A New Agent for Allergy and Pruritus

Description: Forhistal is a new, low-dosage antiallergic and antipruritic agent, which relieves symptoms in a wide range of allergic and pruritic disorders. Forhistal, as clinical evidence shows, is well tolerated in patients of all ages.

Indications: *Respiratory allergies:* seasonal and perennial rhinitis, vasomotor rhinitis, bronchial asthma, etc. *Ocular allergies:* especially those accompanying hay fever. *Allergic dermatoses:* urticaria, angioneurotic edema, dermatitis medicamentosa. *Pruritic dermatoses:* for relief of itching, as an adjunct to other therapy in management of atopic and contact dermatitis, etc.

Average dosage: Adults and children over 6 years of age: Lontabs—1 Lontab once or twice daily. Tablets—1 or 2 tablets 1 to 3 times daily. Syrup—1 or 2 teaspoons 1 to 3 times daily. Children under 6 years of age: Pediatric Drops—0.25 mg. (0.3 ml.) to 0.5 mg. (0.6 ml.) 2 or 3 times daily.

Side effects: The principal side effect reported is some degree of sedation or drowsiness. Other side effects, which have occurred infrequently, are dryness of mouth, gastrointestinal discomfort, nausea or diarrhea, excessive stimulation, insomnia or irritability, dizziness, headache, bladder discomfort and increased nocturia.

Supplied: Lontabs, 2.5 mg. (orange); bottles of 100. Tablets, 1 mg. (pale orange, scored); bottles of 100. Syrup (pink), containing 1 mg. Forhistal maleate per 5-ml. teaspoon; bottles of 4 fluidounces. Pediatric Drops (pink), containing 0.5 mg. Forhistal maleate per 0.6 ml.; bottles of 1 fluidounce, with droppers calibrated for delivery of 0.3 or 0.6 ml. LONTABS® (long-acting tablets CIBA)

RITALIN® hydrochloride

(methylphenidate hydrochloride CIBA)

Stimulant-Antidepressant

Indications and dosage for oral Ritalin: Whenever lethargy is a problem—as in menopause, senility, oversedation, mild depression, and convalescence—Ritalin safely restores physical and mental activity within normal physiologic limits. Dosage depends upon indication and individual response. Many patients respond to 10 mg. b.i.d. or t.i.d. Others may require 20-mg. doses; in a few cases, 5-mg. doses will be adequate. **Contraindication:** Agitated depression. However, patients in this state have responded very well to a combination of Serpasil and Ritalin, since optimal doses of both drugs can be given with fewer side effects.

Side effects: Side effects have usually been minimal. Among complaints mentioned have been nervousness, insomnia, and a few cases of anorexia, nausea, dizziness, palpitation, headache, and drowsiness. Very rarely blood pressure and pulse changes, both up and down, have been recorded. A small number of patients, particularly those with an element of agitation, may react adversely to Ritalin; in these cases medication should be discontinued.

Supplied: Tablets, 5 mg. (yellow) and 10 mg. (light blue); bottles of 100, 500 and 1000. Tablets, 20 mg. (peach-colored); bottles of 100 and 1000.

Information on the use of parenteral Ritalin (indications, dosage, cautions, and side effects) sent on request.

SERPASIL® (reserpine CIBA)**Antihypertensive and Heart-Protecting Agent**

Indications and dosage: Serpasil reduces blood pressure in patients with mild to moderate hypertension. It is especially useful in anxious, tense patients, and in those with tachycardia—for it exerts a calming effect, imparts a sense of well-being, and tends to normalize the heart rate. In addition, Serpasil depletes catecholamines from the heart; it may thereby protect hypertensive patients against catecholamine-induced heart damage.

(turn page)

Reports

Therapeutic Guide (cont'd)

Serpasil may be used alone or in combination with other antihypertensive agents. In the average patient not receiving other antihypertensives, the average initial dose is two 0.25-mg. tablets daily, with a range of 0.1 to 1 mg. Continue for at least a week. If results prove satisfactory—as they will in many cases—no other medication is necessary. For maintenance, the dose should be reduced to 0.25 mg. or less daily. If the response to Serpasil alone is inadequate, other agents such as Esidrix, Apresoline, or Ismelin may be added to the regimen.

Caution: During anesthesia, significant hypotension and bradycardia have been observed in hypertensive patients being treated with Serpasil. If possible, Serpasil should be withdrawn from such patients 2 weeks prior to elective surgery. If an emergency operation is required, vagal blocking agents should be given parenterally to prevent or reverse hypotension and/or bradycardia.

Because Serpasil may increase gastric secretion, it should be used with caution in patients with a history of peptic ulcer.

Side effects: The side effects of Serpasil are characteristic of all rauwolfia preparations. Because of its sedative action, some patients may experience lassitude or mild drowsiness, especially during the period when the dosage is being adjusted. This usually disappears when the optimal dosage level has been attained. Nasal stuffiness or congestion of varying degree occurs occasionally and may be alleviated by use of a suitable topical vasoconstrictor. Increased frequency of defecation and/or a tendency to looseness of stools may occur occasionally. Other side effects, rarely observed, include anorexia, headache, nausea, and dizziness.

A very few patients taking Serpasil have developed moderate to severe "depression." When the drug is discontinued, depression usually disappears, but active treatment including hospitalization for shock therapy has been required in some cases. Adjunctive use of mood-elevating agents such as Ritalin is often sufficient to relieve mild depression.

In general, it is preferable to administer Serpasil after meals in order to obviate the discomfort due to possibly increased gastric secretion.

Supplied: Tablets, 0.1 mg. (white), 0.25 mg. (white, scored) and 1 mg. (white, scored); bottles of 100, 500, 1000 and 5000.

Information on the use of parenteral Serpasil (indications, dosage, cautions, and side effects) sent on request.

SINGOSERP® (syrosingopine CIBA)

Lowers Blood Pressure—

Usually Without Rauwolfia Side Effects

Indications and dosage: For mild to moderate hypertension, including pre-eclampsia and essential hypertension associated with pregnancy. The suggested initial dose is 1 to 2 tablets (1 to 2 mg.) daily in single or divided doses. Some patients may require and will tolerate 3 or more tablets daily. Since Singoserp has both a gradual onset and prolonged duration of effect, a trial of at least 2 weeks with the starting dose is indicated for the proper evaluation of results. The dose for long-term maintenance therapy in most cases will range from ½ to 3 tablets (0.5 to 3 mg.) daily. In more resistant cases, Esidrix, Apresoline, or Ismelin may be used in combination with Singoserp—in lower dosages than when they are used alone.

Caution: Since rauwolfia preparations are known to stimulate the secretion of gastric fluids, caution should be exercised in administering Singoserp to patients with peptic ulcer and to those with histories suggestive of this disorder.

Marked hypotension has been reported in patients undergoing anesthesia while being treated with conventional rauwolfia drugs. Therefore, it may be desirable to reduce or discontinue the dosage of Singoserp several weeks prior to an elective procedure.

Side effects: The side effects of Singoserp are less frequent and milder than those of conventional rauwolfia drugs. Nasal congestion, usually mild, occurs occasionally and may be relieved by use of a suitable topical vasoconstrictor. Other side effects which occur even less frequently are gastric irritation, drowsiness, fatigue, nausea, headache, emotional depression, skin rash, restlessness, and anxiety.

Reports of emotional depression associated with the use of Singoserp have been rare and therefore difficult to interpret. Moreover, a number of patients manifesting symptoms of depression during treatment with conventional rauwolfia drugs either have not had a recurrence of these symptoms or have actually experienced relief of them when given Singoserp in doses producing adequate control of blood pressure.

Supplied: Tablets, 1 mg. (white, scored); bottles of 100 and 1000.

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stock I'd bought was a real dog. I put the certificate away and tried to forget it. Meanwhile, the company went bankrupt. I didn't find out about this until 1957, five years after the failure. I timidly figured it was too late to take a deduction. There I goofed again. In stock-loss cases like this, the law allows you seven years to reopen a tax return and take a deduction.

Are your office and home together? When I first went into

practice for myself, my office and home were under the same roof. Naturally, there were landscaping expenses—pruning trees, cutting grass, and gardening. My wife used to pay for them out of the household money. I could have deducted at least half of the \$225 a year I spent, because much of this money was for beautifying the surroundings of the space I used for my profession.

When my expanded office oc-

99061

AMES

COMPANY, INC
Elkhart • Indiana
Toronto • Canada



control of
diabetes
any place
any time



...Your taxes

cupied the whole building and we moved our living quarters to another house, I was overcautious about deductions for the home telephone. I shouldn't have been. On Wednesdays and week-ends, the answering service reaches me at home. I return the calls on my home phone, and that's business use. This year I'll deduct \$48 for this item.

I could go on listing the deductions that might have been. But I hope I've shown you, as my audit showed me, how to be tax-wise. This is the three-point system I'm now using:

* I keep records of every cent I spend. That means carrying a notebook as well as a checkbook, but I carry one anyway. All I have to do is set aside a few pages for financial records.

* I subscribe to a tax service and read every tax article that appears in MEDICAL ECONOMICS. This helps keep me informed on what items are deductible, and how to get the best tax advantage out of my expenses.

* I go over all my outlays periodically with my accountant to see what I can deduct

as practice-connected expenses. We pay special attention to unreceipted cash expenses.

In spite of all this, there are still some deductions that give me an edgy feeling. The junk value of clothes donated to charity is a good example. When such doubts assail me, however, I ask myself how I'd feel if I heard my neighbor had taken such a deduction?

I suggest you do as I do: Let the tax audits take care of themselves. But remember this word of warning: Don't invite an audit by taking deductions you know you can't get away with. Though a tax audit isn't the ordeal it's often thought to be, it does take up your time—and the odds are you *will* end up paying more tax. My own audit resulted in an additional assessment of \$200—just because of an error in arithmetic.

But what a cheap lesson! I figure that for years I've been paying a lot more taxes than I should have paid. And although I know I have a responsibility to pay my rightful share, I'll never *overpay* my income taxes again!

END

another tired patient
with "nothing
organically wrong"?

*...or another case
of hidden
hypothyroidism?*

Chronic fatigue is often the chief complaint—sometimes the only complaint—of the patient with mild hypothyroidism.* Diagnostic tests, like the clinical picture, are often inconclusive in this type of thyroid deficiency, but many of these patients respond dramatically to a therapeutic trial of Proloid. *Proloid—preferred therapy whenever thyroid is indicated*—establishes and maintains a euthyroid state safely and smoothly. An exclusive double assay assures unvarying metabolic potency from tablet to tablet, prescription to prescription, year after year.

Full dosage information, available on request, should be consulted before initiating therapy.

*Starr, P.: *M. Clin. North America* 43:1071, 1959.

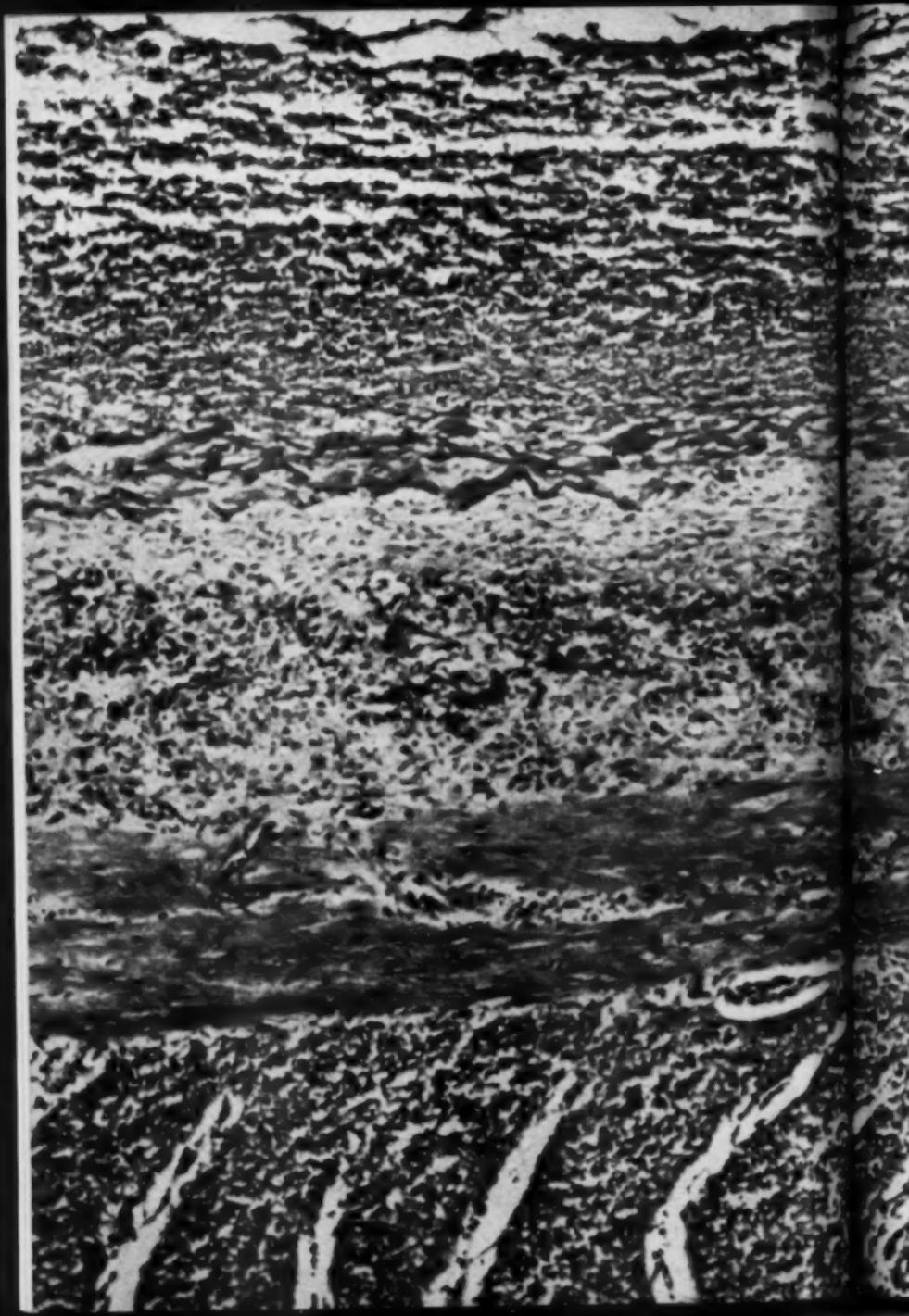
THYROID
PROLOID
predictable, safe, economical

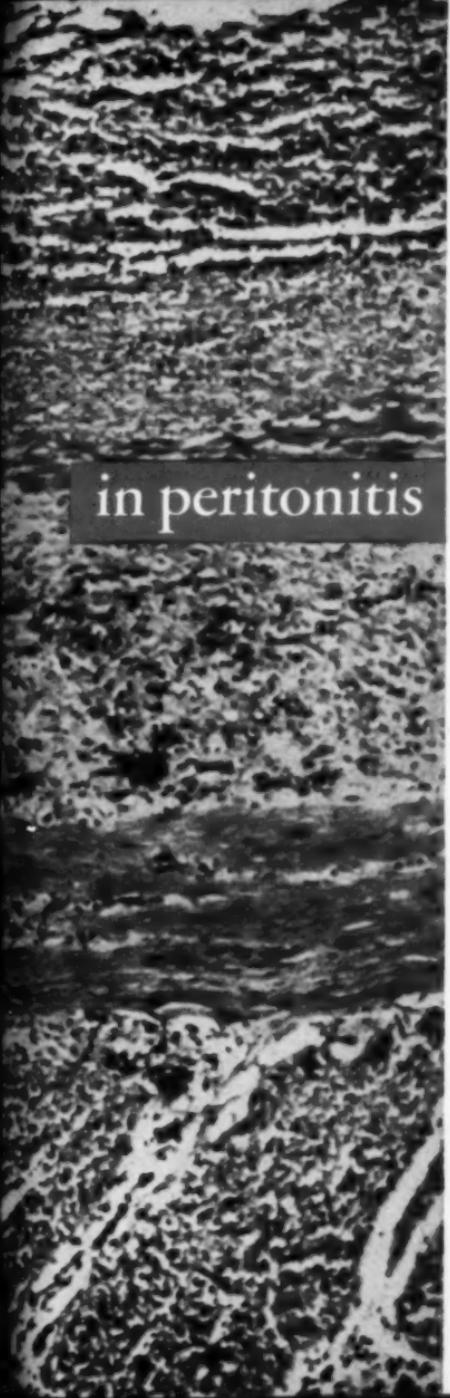


makers of Tedral, Gelusil, Peritrate, Mandelamine

GP 15







in peritonitis

Therapeutic confidence

Panalba is effective against more than 30 commonly encountered pathogens including ubiquitous staphylococci. Right from the start, prescribing it gives you a high degree of assurance of obtaining the desired anti-infective action in this as in a wide variety of bacterial diseases.

Supplied: Capsules, each containing Panmycin® Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin, * as novobiocin sodium, in bottles of 16 and 100.

Adult dosage: 2 capsules four times a day.

Side effects: Panmycin Phosphate has a very low order of toxicity comparable to that of the other tetracyclines and is well tolerated clinically. Side reactions to therapeutic use in patients are infrequent and consist principally of mild nausea and abdominal cramps.

Albamycin also has a relatively low order of toxicity. In a certain few patients, a yellow pigment has been found in the plasma. This pigment, apparently a metabolic by-product of the drug, is not necessarily associated with abnormal liver function tests.

Urticaria and maculopapular dermatitis, a few cases of leukopenia, and agranulocytosis have been reported in patients treated with Albamycin. All of these side effects rapidly disappeared upon discontinuance of the drug.

Caution: Since the use of any antibiotic may result in overgrowth of nonsusceptible organisms, constant observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken.

As with any serious infection, therapy of peritonitis with Panalba or other antibacterial agents is adjunctive to surgical procedures and supportive therapy.

Inflammatory process of the peritoneum

The Upjohn Company
Kalamazoo, Michigan

Upjohn

Panalba*

your broad-spectrum antibiotic of first resort

How much can you deduct for state sales taxes?

Deducting for state sales taxes on Federal income tax returns has often been a guessing game for doctors. Now it needn't be. The I.R.S. has come out with a set of guidelines for thirty-three states and the District of Columbia to help taxpayers estimate what they can reasonably deduct without detailed proof.

The table at right shows what a typical taxpayer with a family of four can safely deduct, based on the I.R.S. guidelines for two different income brackets. If your income falls between these levels, you can adjust your estimate accordingly. Of course, if you spend more and have receipts to prove it, you can deduct more. And remember, you're entitled to claim sales taxes you paid on purchases in other states—even if your own state has no sales tax.

Doctors with adjusted gross incomes (professional net plus outside income) of more than \$20,000 will have to estimate the sales taxes they've paid without the help of guidelines.

	Sales tax	Allowable deduction if your net income is:		
		\$15,000-\$16,000	\$19,000-\$20,000	
Ala.	3%	\$182	\$184	
Ariz.	3	204	205	
Ark.	3	218	228	
Calif.	3	172	195	
Colo.	2	126	128	
Conn.	3	149	175	
D.C.	2	105	113	
Fla.	3	111	118	
Ga.	3	241	250	
Ill.	3	243	257	
Iowa	2	167	178	
Kan.	2½	180	182	
Ky.	3	90	96	
La.	2	158	172	
Me.	3	146	167	
Md.	3	118	132	
Mich.	3	274	308	
Miss.	3	231	234	
Mo.	3	167	174	
Nev.	2	144	156	
N.M.	2	133	138	
N.C.	3	137	147	
N.D.	2	139	140	
Ohio	3	164	195	
Okla.	2	109	109	
Pa.	4	202	230	
R.I.	3	219	266	
S.C.	3	229	239	
S.D.	2	112	114	
Tenn.	3	183	185	
Utah	2	184	185	
Wash.	4	314	323	
W.Va.	2	139	140	
Wyo.	2	172	186	

For the irritable G.I. tract

Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm; and to allay anxiety and tension with minimal side effects.

AVAILABLE IN TWO POTENCIES

MILPATH-400—Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

MILPATH-200—Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath[®]

[®]Miltown + anticholinergic



WALLACE LABORATORIES Cranbury, N. J.

if you're
treating
a coccal
infection...
you can't prescribe a more
effective antibiotic than
ERYTHROCIDIN®

Erythromycin, Abbott

How much "spectrum" do you need in treating an infection? Clearly you want an antibiotic that will show the greatest activity against the offending organisms *and the least activity against non-pathogenic gastro-intestinal flora.*

Weigh these criteria — and make this comparison — when treating your next coccal infection. Erythrocidin is a medium-spectrum antibiotic, notably effective against gram-positive organisms. In this it comes close to being a "specific" for coccal infections — which means it is delivering a high degree of activity against the majority of common infection-producing bacteria.

And against many of the troublesome "staph" strains — a group which shows increasing resistance to penicillin and certain other antibiotics — Erythrocidin continues to provide bactericidal activity. Yet, as potent as Erythrocidin is, it rarely has a disturbing effect on normal gastro-intestinal flora. Comes in easy-to-swallow Filmtabs®, 100 and 250 mg. Usual adult dose is 250 mg. every six hours. Children, in proportion to age and weight. Won't you try Erythrocidin? 

® Filmtab — Film-sealed tablets, Abbott.





Fast tax write-offs may not always be wise

Do you always shoot for the quickest possible tax write-off when buying a piece of professional equipment or property? That is, do you use one of the two accelerated-depreciation methods (the double-declining-balance or the sum-of-the-digits) wherever it's allowable? If so, you'd better slow down long enough to be sure you're making the right choice among the three common depreciation methods.

Accelerated depreciation is probably a wise move in the following cases, says Howard D. Baker, professional management consultant:

¶ If you expect to add steadily to your practice-connected capital investments.

¶ If your income is likely to fall off during the life of a new asset—for example, if you're cutting down your practice in preparation for retirement.

¶ If the asset is a building with a long life expectancy, and you can't hope to claim the full allowance via straight-line depreciation.

The slower straight-line method of depreciation is probably wiser for the man whose annual investment in depreciable assets is falling—especially if his income is on the way up. A fast write-off in this case would leave him with only small deductions just when he needed big ones.

A word of caution: For any assets you keep less than three years, the use of accelerated-depreciation methods is no longer permitted; you must use the straight-line method. (This recent Supreme Court ruling—and its effect on your pocket-book—was fully covered in "How to Handle Depreciation Deductions *This Year*," in the March 27 issue.)

Educational-cruise expenses get tougher to deduct

Up to now, when you've combined medical study with a cruise, your chances of deducting the expenses on your tax return have been good. But in the future you may have more trouble.

The Internal Revenue Serv-

PRE & POST-OP
in every type of surgery

"PREMARIN" INTRAVENOUS

the physiologic hemostat

CONTROLS BLEEDING
EFFICIENTLY AND SAFELY

The definite value of "PREMARIN" INTRAVENOUS in clearing the operative field, minimizing blood loss, and preventing postoperative hemorrhage is being consistently reported in patients undergoing ophthalmologic, ENT, Ob-Gyn., urologic, and oral surgery.¹ The wide range of application for "PREMARIN" INTRAVENOUS also includes spontaneous hemorrhage (epistaxis, gastrointestinal bleeding, etc.) as well as bleeding during and after surgery. Over 1,000,000 injections have been given to date without a single report of toxicity.

"PREMARIN" INTRAVENOUS (conjugated estrogens, equine) is supplied in packages containing one "Secule" providing 20 mg., and one 5 cc. vial sterile diluent with 0.5% phenol U.S.P. (Dosage may be administered intramuscularly to small children.)

1. Johnson, J. P.: Paper presented at Symposium on Blood, Wayne State University, Detroit, Michigan, Jan. 18, 1957; cited in *M. Science* 1:33 (Mar. 25) 1957; *Proc. Soc. Exper. Biol. & Med.* 94:92 (Jan. 1) 1957.
2. Published and unpublished case reports, Ayerst Laboratories.
3. Rigg, J. P.: *Digest Ophth. & Otolaryng.* 20:28 (Nov.) 1957.
4. Riguol, R.: *Ibid.*, p. 3. 5. Servoss, H. M. and Shapiro, F.: *Ibid.*, p. 10. 6. Menger, H. C.: *J.A.M.A.* 159:546 (Oct. 8) 1955.

Ayerst

AYERST LABORATORIES

New York 16, N.Y. • Montreal, Canada

BENADRYL Hydrochloride (diphenhydramine hydrochloride, Parke-Davis). Kapscals® of 50 mg.; Capsules of 25 mg.; Emplets® (enteric-coated tablets) of 50 mg.; in aqueous solutions: 1-cc. Ampoules, 50 mg. per cc.; 10- and 30-cc. Steri-Vials,® 10 mg. per cc. with 1:10,000 benzethonium chloride as a germicidal agent; Elixir, 10 mg. per 4 cc.; 2% Ointment (water-miscible base); Kapsels of 50 mg. BENADRYL HCl with 25 mg. ephedrine sulfate. **INDICATIONS:** Allergic diseases such as hay fever, allergic rhinitis, urticaria, angioedema, bronchial asthma, serum sickness, atopic dermatitis, contact dermatitis, gastrointestinal allergy, vasomotor rhinitis, phys-

ical allergies, and allergic transfusion reactions, also postoperative nausea and vomiting, motion sickness, parkinsonism, and quieting emotionally disturbed children. Parenteral administration is indicated where, in the judgment of the physician, prompt action is necessary and oral therapy would be inadequate. **DOSAGE:** Oral—adults, 25 to 50 mg. three or four times daily. Children, 1 or 2 teaspoonsful of Elixir three or four times daily. Parenteral—10 to 50 mg. intravenously or deeply intramuscularly, not to exceed 400 mg. daily. High doses may be required in acute, generalized or chronic urticaria, allergic eczema, bronchial

asthma, and status asthmaticus. **PRECAUTION:** Avoid subcutaneous perivascular injection. Single parenteral dosage greater than 100 mg. should be avoided, particularly in hypertension, cardiac disease. Products contain BENADRYL should be used cautiously with hypnotics or other sedatives; if drowsiness-like effects are undesirable; if patient engages in activities requiring alertness or rapid, accurate response (e.g., driving). Ointment or Cream should not be applied to extensively denuded weeping skin areas. Preparations containing ephedrine are subject to the same contraindications applicable to ephedrine alone.

when allergy looms large in the life of your patient...

relieves the symptoms of food allergy When the allergic patient can't resist eating an offending food, the ensuing punishment is often out of all proportion to the nature of the "crime." In such cases, BENADRYL provides a twofold therapeutic approach to the management of distressing symptoms.

antihistaminic action A potent histamine antagonist, BENADRYL breaks the cycle of allergic response, thereby relieving gastrointestinal upset, urticaria, edema, pruritus, and coryza.

antispasmodic action Because of its inherent atropine-like properties, BENADRYL affords concurrent relief of gastrointestinal spasm, abdominal pain, nausea, and vomiting.

PARKE-DAVIS

PARKE, DAVIS & COMPANY, Detroit 32, Michigan

BENADRYL®

antihistaminic-antispasmodic

*cuts most
allergens
down
to
size
!*



...Your taxes

ice has now put out the word that it will check deductions for seminar cruises more closely. And a recent Tax Court case backs up the I.R.S. pronouncement.

The case involved a Columbus, Ohio, G.P. He lost his battle to deduct \$1,881 for an eighteen-day Mediterranean cruise on the S.S. Vulcana. Instead, the Tax Court allowed him to deduct only \$232. Here's the story:

Dr. Reuben B. Hoover, along with sixty other physicians, signed up for the cruise through a travel agency. The agency had helped arrange for medical lectures to be given on board by professors affiliated with the Duke University School of Medicine. In its promotional literature, the agency had claimed that "the cost of attending is a deductible expense when computing taxes."

After the cruise, each doctor attending the lectures received a certificate showing he'd completed twenty-five hours of post-graduate study. A member of the Duke medical school faculty on board signed the certifi-

cates. But when Dr. Hoover took his tax deduction for the cruise, the I.R.S. balked. And, later on, so did the Tax Court. It didn't doubt that Dr. Hoover had picked up valuable information from the lectures. Its objection was that such study hadn't been the primary purpose of the trip. A comparable course, the court pointed out, was given in just five days for no more than \$40 by Duke's medical school faculty on its campus.

Since the Tax Court decision on this case, the I.R.S. has warned taxpayers to be wary about the tax deductibility of similar seminar expenses. Says the I.R.S.:

"Prospectuses and programs of some of these proposed 'seminars' raise substantial questions as to whether the activities described meet the qualifications for deductible business expenses. This is particularly true with respect to expenses [incurred by the] spouses of the participants. To be tax deductible, expenditures must be ordinary and necessary to the taxpayer's business."

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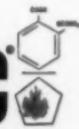


"TENNIS ELBOW"

...and other painful or disabling musculoskeletal conditions often respond rapidly to the "antidoloritic"** effects of DECAGESIC. DECAGESIC helps restore normal function by relieving pain and discomfort, by its anti-inflammatory effect, and by imparting a sense of well-being. DECAGESIC combines the benefits of DECAZON® (dexamethasone) and aspirin with aluminum hydroxide to provide increased effectiveness and to reduce the possibility of side effects.

Indications: Acute painful inflammatory musculoskeletal disorders, mild to moderate rheumatic and arthritic conditions, other collagen disorders and conditions in which the conjunctive administration of a corticosteroid and salicylate can be beneficial.

Dosage: 1 or 2 tablets 3 or 4 times daily. The usual precautions of corticosteroid therapy should be observed. Additional information on DECAGESIC is available to physicians on request. **Supplied:** Bottles of 100. Each tablet contains 0.25 mg. of DECAZON (dexamethasone), 500 mg. of aspirin and 75 mg. of aluminum hydroxide (present as the dried gel). DECAGESIC and DECAZON are trademarks of Merck & Co., Inc. **"Antidoloritic" describes the relief of pain associated with inflammation — dolor = pain, itc = associated with inflammation.

Decagesic 
dexamethasone with aspirin and aluminum hydroxide

**CONSERVATIVE MANAGEMENT FOR PROMPT SUPPRESSION
OF INFLAMMATION AND FOR RELIEF OF ASSOCIATED PAIN**



MERCK SHARP & DOHME
Division of Merck & Co., Inc.
West Point, Pa.



“wearability”



**NO TASTE FATIGUE
EXCELLENT RESULTS
NO CONSTIPATION**

***the most widely prescribed and
most wearable of all antacids***

suspension

tablets

Don't shortchange yourself in deducting for gasoline

Has the gasoline tax in your state changed since you last figured your Federal income tax? To find out, better check the table below. Remember, if your car gets 75 per cent professional use and 25 per cent personal use, you can include the state tax on the former in your Schedule C claim. You can claim the state tax you paid on the remaining 25 per cent of your mileage as a non-business deduction on page 2 of your return.

	Gas tax per gal.	Gas tax per gal.	Gas tax per gal.
Ala.	7 ¢	Iowa	6 ¢
Alaska	7	Kan.	5
Ariz.	5	Ky.	7
Ark.	6.5	La.	7
Calif.	6	Me.	7
Colo.	6	Md.	6
Conn.	6	Mass.	5.5
Del.	5	Mich.	6
D.C.	6	Minn.	5
Fla.	7	Miss.	7
Ga.	6.5	Mo.	3
Hawaii:		Mont.	6
Hawaii ..	11	Neb.	7
Honolulu	8.5	Nev.	6
Kauai ...	9	N. H.	7
Maui	10	N. J.	5
Idaho	6	N. M.	6
Ill.	5	N. Y.	6
Ind.	6	N. C.	7
			END

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Quadrinal®

a rapid way to clear the airway

- stops wheezing
- increases cough effectiveness
- relieves spasm

In chronic disorders associated with obstructed respiration, the dependable antispasmodic and expectorant action of Quadrinal rapidly clears the bronchial tree. Patients breathe more easily and acute episodes of bronchospasm are often eliminated. Quadrinal is well tolerated, even on prolonged administration. The potassium iodide in Quadrinal provides an expectorant of time-tested effectiveness and safety.

Indications: Bronchial asthma, chronic bronchitis, pulmonary fibrosis, pulmonary emphysema.

Quadrinal Tablets, containing ephedrine HCl (24 mg.), phenobarbital (24 mg.), "Phyllcin"® (theophylline-calcium salicylate) (130 mg.), and potassium iodide (0.3 Gm.).

Also available —

• a new Quadrinal dosage form with taste-appeal for all age groups:
fruit-flavored **QUADRINAL SUSPENSION** (1 teaspoonful = 1/2 Quadrinal Tablet)

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*Quadrinal, Phyllcin®



whether
muscle spasm
is caused by
tension or trauma

Norflex[®]

orphenadrine citrate

relieves the muscle in spasm and the associated pain...exerts its action only at the site of need...without impairment of general muscle tonus. Daylong and nightlong relief provided by prolonged action.

Dosage is the same for all adults...
regardless of age, sex, or weight



...just two tablets daily.
1 tablet (100 mg.) b.i.d.
Available in bottles of 50 tablets.

*U.S. Patent No. 3,887,391; other patents pending.



Northridge, California

How the new tax chief's plans affect you

I.R.S. Commissioner Mortimer Caplin, long familiar with doctors' tax problems, discusses such matters as your chances of getting an audit and, if audited, what rights you have

MEDICAL ECONOMICS recently asked Commissioner of Internal Revenue Mortimer M. Caplin his views on a number of tricky tax questions—especially as they relate to the medical profession. Here are his frank replies, just as they were given to Reporter Helen C. Milius.

* * *

Q. Mr. Caplin, you had doctors as clients in your practice of tax law, didn't you?

A. Yes. Lots of them—and a hospital, too.

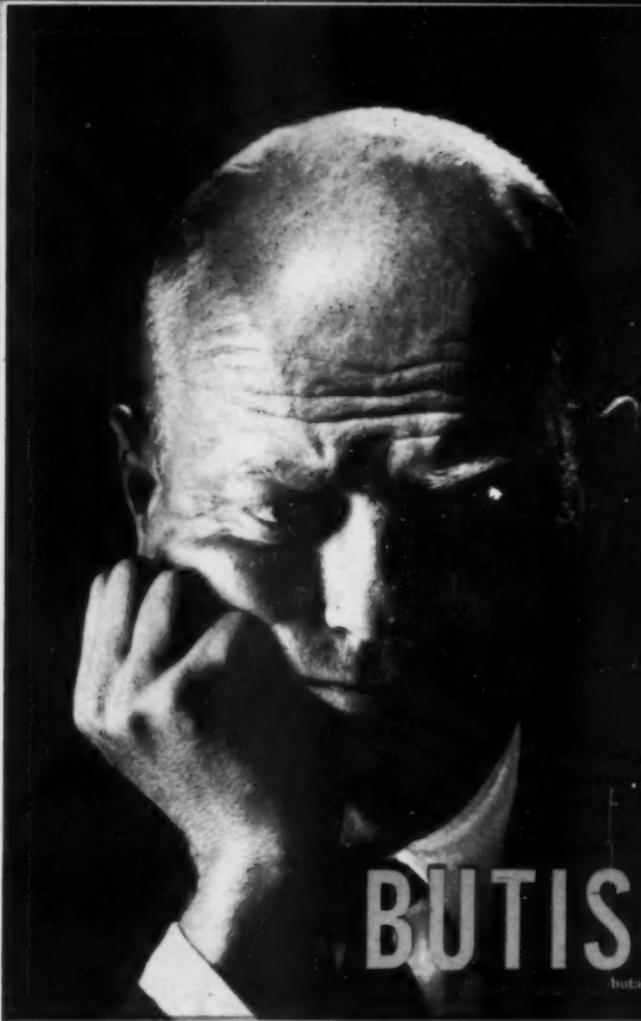
Q. Then you know how doctors are apt to fuss over the intricacies of Form 1040 and Schedule C. Can you hold out hope of simpler and less time-consuming tax forms next year?

A. Yes, I can. But there's a

limit to how simple the tax forms can be. Don't forget, they must cover all the exceptions made by our very complex tax law.

I've already promised the Senate Finance Committee to study our tax forms with the idea of simplifying them—realistically. I've asked the Forms Committee of the Internal Revenue Service to get started on this project. And I've asked them particularly to make the forms more *understandable*.

From a doctor's point of view, the trouble with Schedule C seems to be that it's an all-purpose schedule, for businesses as well as professional men. Try to tailor a form to the needs of all, and it won't fit anyone very



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"Nervous
strain...
anxiety...
hypertension
syndrome"

...controlled
with

BUTISOL

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BUTISOL relieves the tension and anxiety that contribute to hypertension—but without causing apathy or inertia. It leaves the patient capable of continuing normal activities.

BUTISOL has been shown¹ to be more effective with fewer side-effects than other agents commonly used to control everyday nervousness, apprehension, tenseness and anxiety.

TABLETS·REPEAT-ACTION TABLETS·ELIXIR·CAPSULES

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McNEIL

1. Batterman, R. C.; Grossman, A. J.; Moursioff, G. J., and Leifer, P.: A Clinical Re-evaluation of Daytime Sedatives, Scientific Exhibit, Annual AMA Meeting, San Francisco, Cal., June 23-27, 1968.

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XUM

.Your taxes

“We want uniformity in the interpretation of tax law—a single rule that applies in California and in Maine.”

Mortimer M. Caplin
Commissioner of Internal Revenue



well. We're going to look into the feasibility of designing separate forms for various types of businesses and professions.

Q. Mr. Caplin, right now I think doctors would like to know what to double-check on their current returns. For example, are you planning a crackdown on deductions for professional expenses?

A. No, I'm not. Our experience indicates that most expenses claimed by doctors usually don't present a problem. The two that do are the deductions for travel and entertainment. To the extent that doctors deduct for these, we're as interested in their returns as we are

in any other business returns containing these deductions. But as long as the deductions claimed are for ordinary and necessary business expenses, they'll be allowed.

Q. Will doctors' returns that show deductions for entertainment or travel expenses be automatically set aside for closer inspection?

A. No, not all. It depends on whether the deductions are extraordinary—out of line with the receipts from the doctor's practice.

Q. Since you've had doctor-clients, you must be familiar with the problems of listing practice-building entertainment



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Because n

It is also
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MIDICEL (

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infections

Adults: —
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and for c
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in sulfa therapy...

RELEASE YOUR PATIENT FROM Q.I.D. DOSAGE

just one tablet of Midicel provides continuous, effective blood levels for 24 hours

Because many patients need take only 1 tablet daily, therapy with MIDICEL is convenient and economical. It is also advantageous since the possibility of omitted doses is reduced. Rapidly absorbed and slowly excreted, MIDICEL assures dependable bacteriostatic action in urinary tract infections, certain respiratory infections, bacillary dysenteries, as well as surgical and soft-tissue infections caused by sulfonamide-sensitive organisms. And with MIDICEL, there is little likelihood of crystalluria because of its high solubility and low dosage.

MIDICEL (sulfamethoxypyridazine, Parke-Davis), 3-sulfanilamido-6-methoxypyridazine. Tablets of 0.5 Gm.; Suspension, each cc. containing 50 mg. of sulfamethoxypyridazine as the N'-acetyl derivative. *Indications:* Gram-negative and gram-positive infections such as urinary tract, respiratory, and soft-tissue infections and bacillary dysenteries. *Dosage:* Orally once a day until asymptomatic for 48 to 72 hours. Adults:—1 Gm. initially, followed by 0.5 Gm. daily thereafter or 1 Gm. every other day. In severe infections, not to exceed 2 Gm. the first day, then 0.5 to 1.5 Gm. daily according to weight of patient and severity of infection. Children:—30 mg. per Kg. the first day, then 15 mg. per Kg. daily. In severe infections, up to 50 mg. per Kg. initially, then 25 mg. per Kg. daily. Total dose in children, however, should not exceed lower dosage limits for adults. *Precautions:* Continue daily doses higher than 0.5 Gm. no longer than three to five days without checking for blood levels above therapeutic range. Maintain adequate fluid intake during therapy and for 48 to 72 hours afterward. Until further definitive information is available, MIDICEL, in common with all sulfonamides, is contraindicated in the premature and newborn infant. Contraindicated in patients with a history of sulfa sensitivity. MIDICEL is not recommended for meningococcal infections. *Side Effects:* Anorexia and lassitude may occur as may reactions such as drug fever, rash, and headache, all of which are indications for discontinuing the drug. Leukopenia has been reported. Periodic blood counts are advised. Patients with impaired renal function should be followed closely since excessive accumulation may occur. *Available:* Quarter-scored tablets of 0.5 Gm., bottles of 24, 100, and 1,000.

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and for children...Midicel Acetyl Suspension (N'-acetyl sulfamethoxypyridazine, Parke-Davis) - delicious butterscotch flavor - only one dose a day

PARKE-DAVIS

PARKE, DAVIS & COMPANY, Detroit 32, Michigan

costs. Have you any special warnings for doctors on this score?

A. We have to base the deductibility of these expenses on individual circumstances. Doctors can help by holding on to all pertinent records. They must be

prepared to establish to our satisfaction that such expenses were clearly related to the production of income.

The Service's enforcement policy is stated in our published instructions: "The purpose of the expenditure must be a busi-



Mortimer M. Caplin, the taxpayer's new sparring partner, manages time off from the tax arena to relax with his children over a game of chess. One of the youngest tax commissioners in history, he's devoted 45 per cent of his 45 years to tax law. "I was attracted to it as I suppose a doctor is attracted to his specialty," he says. "I wanted to get closer to the unknown in the field—and then apply this knowledge to the relief of clients." He did this by combining private practice with a law professorship at the U. of Virginia in the early 1950s. Now Caplin's dual job-holding days are over. His chief relaxation, besides chess: "I read tax decisions."

IN BRONCHIAL ASTHMA... "MARKED INCREASE IN VITAL CAPACITY..."

objective evidence of relief

Dexamethasone produced moderate to excellent improvement in 85 per cent of 143 patients with bronchial asthma and pulmonary emphysema. Objective evidence of antiasthmatic effects: "Marked

Increase in Vital Capacity and Maximum Breathing Capacity"**
... "Increased Efficiency in The Air Flow Dynamics of Maximal Cough."*

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Phosphate and new Elixir DECADRON. Additional information on DECADRON is available to physicians on request. DECADRON is a trademark of Merck & Co., Inc.

*Bickerman, H.A., et al.: Physiologic and steroid therapy in respiratory disease, Scientific Exhibit, A.M.A. Convention, Atlantic City, N.J., June 8-12, 1959.

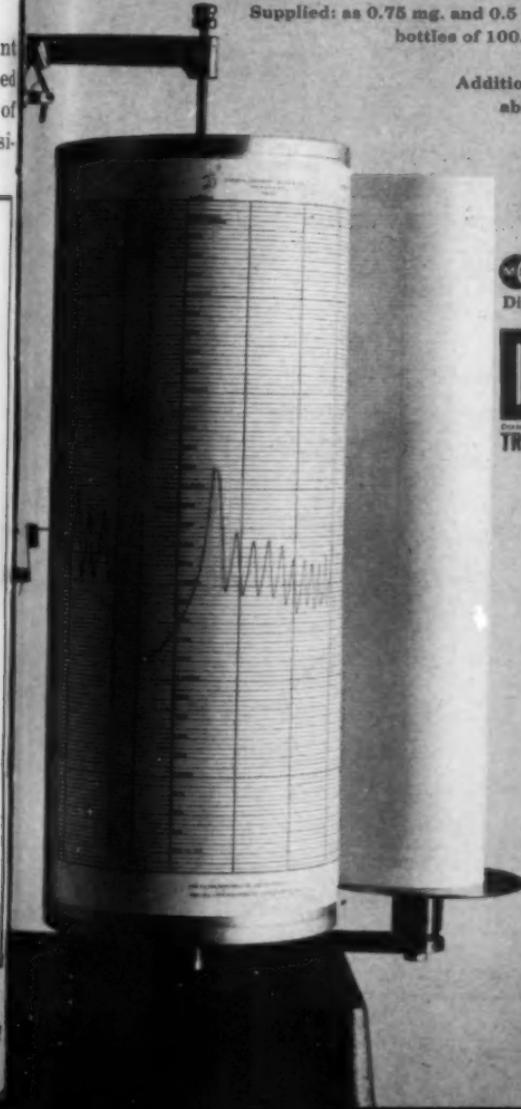


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One tablet contains
TREATS MORE PATIENTS MORE EFFECTIVELY



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When it's penicillin-susceptible
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Use an orally maximal penicillin

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Consistent dependable therapeutic response through maximal absorption, maximal serum concentration and longer duration of inhibitory antibiotic levels for less susceptible organisms.

Available as Maxipen Tablets, 125 mg. and 250 mg.; Maxipen for Oral Solution, 125 mg. per 5 cc. of reconstituted liquid.

Literature on request

Or

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(e.g. possible bacterial resistance or allergic patient)

You can count on

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Extends the Gram-positive spectrum of usefulness to include many staphylococci resistant to one or more of the commonly used antibiotics—narrows the spectrum of side effects by avoiding many allergic reactions and changes in intestinal bacterial balance.

Available as Tao Capsules, 250 and 125 mg.; Tao Oral Suspension, 125 mg. per 5 cc.; Tao Pediatric Drops, 100 mg. per cc. of reconstituted liquid; Intramuscular or Intravenous as oleandomycin phosphate. Other Tao formulations also available: Tao®-AC (Tao, analgesic, antihistaminic compound) Tablets; Taomid® (Tao with Triple Sulfas) Tablets, Oral Suspension.

Literature on request

and for nutritional support VITERRA® vitamins and minerals
Formulated from Pfizer's line of fine pharmaceutical products



New York 17, N. Y., Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being™

ness one rather than personal . . . and you must have a reasonable expectation that your [practice] will benefit." So to secure deductions, the doctor should be careful to have available certain substantiating records: the name of the person or persons entertained; the business purpose of the entertainment; and the amount spent on each occasion.

Some doctors make the mistake of blending personal with business expenses in listing deductions. Under existing law, a clear distinction has to be made. Suppose a doctor entertains on his boat. Usually he goes out with his family and friends. But sometimes he takes along doctors who refer business to him. What part of the boat's annual upkeep can he deduct as a business entertainment expense?

The doctor can simplify this problem by keeping a guest log—signatures and dates of those aboard. He can then list the practice-connected guests on his tax return and deduct the portion of expenditures related to the practice-connected guests.

Doctors run into another kind

of allocation problem when they take another doctor out to dinner. Is the occasion personal or business? If it's business, how much of the dinner check is deductible? Our printed instructions say, "Only that part of the expense which is in excess of the amount you would normally spend on yourself." Not the whole amount.

Q. You've told the Senate Finance Committee you want to avoid a "maze of regulations and minute report requirements." How much documentation and detail do you feel a doctor needs to establish an entertainment expense as deductible?

A. Most professional men know by now that accurate business records are essential in determining tax liability. So they should be able to produce the receipts, canceled checks, and other evidence to prove the amounts claimed. The law does not specify any particular kind of records—merely that they enable the taxpayer to prepare a complete and accurate tax return. They can be as informal as you like.

In my law practice I kept a

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in allergic, inflammatory dermatoses

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lets him work — or rest

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spares embarrassment

— reduces

inflammation quickly

accelerates healing

— buffered to approximate skin's acid mantle, helps restore normal pH

saves him money

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Available with or without neomycin: Foam Aerosol, 10 Gm. dispenser, 18.75 mg. dichlorisone acetate or 18.75 mg. dichlorisone acetate with 37.5 mg. neomycin sulfate (equivalent to 26.25 mg. neomycin base); Aerosol, 30 Gm. container, 8.33 mg. dichlorisone acetate or 8.33 mg. dichlorisone acetate with 16.6 mg. neomycin sulfate; Cream, 5 Gm. tube, 2.5 mg./Gm. dichlorisone acetate, or 2.5 mg./Gm. dichlorisone acetate with 5 mg./Gm. neomycin sulfate (equivalent to 3.5 mg./Gm. neomycin base).

For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N.J.

5-754 JANUARY, 1969



Put your low-back patient back on the payroll

*Soma's prompt relief of pain and stiffness
can get your low-back patients back
to work in days instead of weeks*

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug.

Thus with Soma, you can break up both pain and spasm fast, effectively . . . help give your patient the two things he wants

most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE: 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action

SOMA®

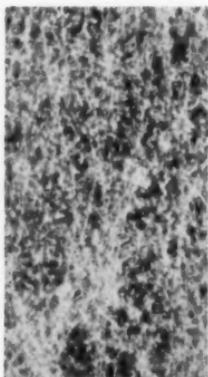
(carisoprodol, Wallace)

W Wallace Laboratories, Cranbury, New Jersey



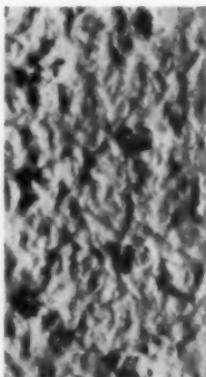
**How you can help save
your patients a month's pay**

Kestler reports in J.A.M.A. (April 30, 1960) that conventionally treated low-back syndrome patients required an average of 41 days for full recovery (range: 3 to 90 days). The addition of Soma therapy in this comparative investigation reduced the average to 11.5 days (range: 2 to 21 days). With Soma, patients averaged full recovery 30 days sooner.



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PERFORATED ADHESIVE TAPE

In contrast, conventional, non-porous tape has a thick layer of adhesive which forms an occlusive barrier that plugs the widely spaced perforations, entraps hairs and contains potentially irritating natural rubbers and resins.

TAKE A CLOSE LOOK AT A TOTALLY NEW CONCEPT IN SURGICAL ADHESIVE TAPE

Over three years in development, "SCOTCH" Brand Surgical Tape dramatically answers the traditional problems of ordinary adhesive tape, as established by clinical test in more than 1000 cases. (Golden, T., A Non-Irritating, Multipurpose Surgical Adhesive Tape, Am. J. Surg. 100: 789, 1960.) **Non-occlusive:** prevents usual maceration. Cool, lightweight, comfortable. Easy to tear, handle, apply. **Physiologically inert:** Virtually eliminates chemical irritation, even in markedly tape-sensitive patients. **Easily removed:** Thin, non-creeping copolymer adhesive removes without depilation, yet outholds all previous tapes. Sticks even in baths; requires fewer changes. **Available now:** order through your surgical supply dealer or pharmacy in usual widths, $\frac{1}{2}$ " to 3", 10-yard rolls.

Reg. U. S. Pat. Off.

SCOTCH SURGICAL TAPE MICROPOROUS

BRAND No. 530

MINNESOTA MINING AND MANUFACTURING COMPANY 

...WHERE RESEARCH IS THE KEY TO TOMORROW

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simple expense diary. Whenever I entertained a client or prospective client at dinner, I made an entry in the diary. Simple records like this are acceptable, so long as they show figures recorded in good faith. And remember that our tax laws allow reasonable approximations. I've been audited, and those diary entries told all that was needed.

Q. You once said that sporadic enforcement of tax laws encourages a kind of tax roulette,

with taxpayers risking false returns on the gamble that they'll escape scrutiny. How will you combat this?

A. By inspecting and auditing more returns. A broad audit program protects the honest taxpayer. I feel very strongly that when a taxpayer doesn't pay his proper share of tax, it's the honest, conscientious taxpayer who must foot the bill.

Of course, we can't inspect all returns, but last year some six-

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benefits of **DECLOMYCIN®**
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Demethylchlortetracycline

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Demethylchlortetracycline and Nystatin **LEDERLE**

CAPSULES, 150 mg. **DECLOMYCIN Demethylchlortetracycline HCl**

and 250,000 units **Nystatin**.

DOSAGE: average adult, 1 capsule four times daily.

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the predictable, specific agent

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The average
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The average adult daily dose is 1 capsule twice a day although a dosage range up to 2 capsules twice a day may be required by certain patients. Supplied: 100 mg. capsules.

For further information on limitations, administration and prescribing of QUANIL L-A, see descriptive literature or current Direction Circular.

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QUANIL[®] L-A
CAPSULES

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XUM

...Your taxes

ty million were filed and nearly nineteen million were inspected. Of those inspected, three million were referred for audit—about one out of six.

Q. Will you maintain the same ratios this year?

A. We'll better them. We plan on putting more examining agents on the job.

Q. I can see you're going to spoil the game of tax roulette. Mr. Caplin, will a doctor who receives dividends from investments get any special cross-checking of his tax return?

A. Yes. Form 1099 filed by corporations lists all those who get dividend payments exceeding \$10. These listings will be checked against the returns of the recipients.

Q. Will this year's returns be processed by the electronic computers we've been hearing about?

A. No. The first installation of automatic data equipment is not scheduled until Jan. 1, 1962.

Q. In the past you've warned that our tax laws might decline in prestige, like the Volstead Act, unless the Revenue Service became more effective. Now

that the Service is all yours, what plans do you have for strengthening it?

A. It's an awesome task, I must admit. Justice Holmes used to call taxes "the price we pay for civilization." People will declare their full tax liability only if they feel sure the other fellow is paying his full share. So I believe the Service will grow stronger through improving our examining procedures. We also have a long-range program for building up our enforcement personnel by adding examiners each year.

Q. You once specifically charged the Revenue Service with "not adequately exercising its auditing function." Do you plan any improvements?

A. We're working for improvement on two levels: more audits and more precise spotting of the returns that need auditing. As we revise and improve our examining procedures, we'll have better coverage—qualitatively. When we select returns for examining, it won't be at random. It will be carefully planned.

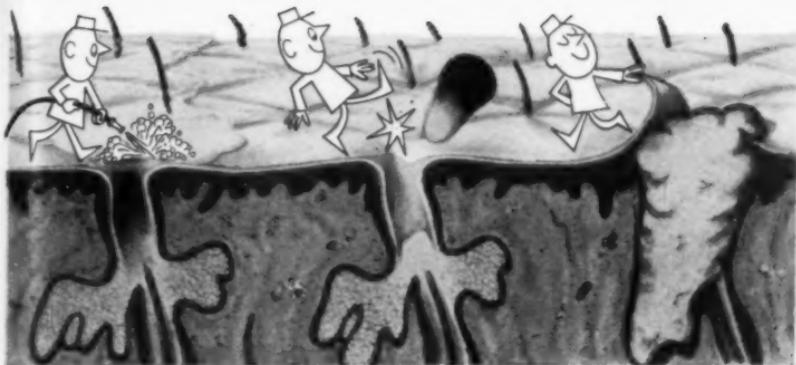
Q. When a doctor's return is

Pati
use.
acne
2 to 4

And...
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a new, s
with 2%
Fostri
Available:

WEST

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Fostex treats pimples · blackheads · acne while they wash

**degreases the skin
helps remove blackheads
dries and peels the skin**

Patients like Fostex because it's so easy to use. Instead of using soap, they simply wash acne skin with Fostex Cream or Fostex Cake 2 to 4 times daily.

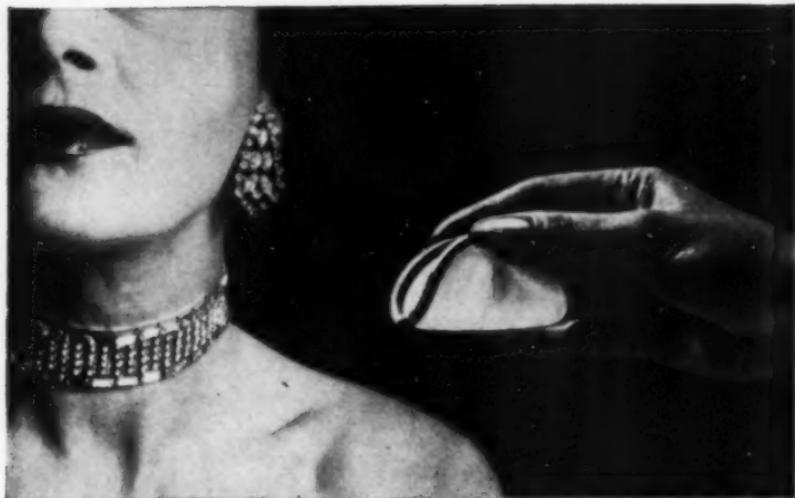
And...since continuous 24-hour drying and peeling of acne skin is essential, FOSTRIL (a new, flesh-tinted drying lotion) should be used once or twice daily in addition to Fostex therapeutic washings. Fostril[®] contains Liposec[®] (polyoxyethylene lauryl ether), a new, surface-active drying agent used for the first time in acne treatment. This agent, with 2% micropulverized sulfur and a zinc oxide, talc and bentonite base, provides Fostril with excellent drying properties. Fostril also contains 1% hexachlorophene. Available: Fostril, 1½ oz. tubes. Fostril-HC (1½% hydrocortisone) 25 gm. tubes.

Fostex contains: Sebulytic[®] base (unique, penetrating, surface-active combination of soapless cleansers and wetting agents*) with remarkable anti-seborrheic, keratolytic and antibacterial actions...enhanced by micro-pulverized sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

*sodium lauryl sulfacetate, sodium alkyl aryl polyether sulfonate and sodium diethyl sulfosuccinate.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake. Supplied: Fostex Cake—bar form. Fostex Cream—4.5 oz. jars. Also used as a therapeutic shampoo in dandruff and oily scalp.

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Master craftsmanship, traditional with RAMSES for almost a half century, stands behind the superb quality of every RAMSES Diaphragm—both the regular and the new BENDEX, an arc-ing spring diaphragm.

Quality and design make these RAMSES Diaphragms first choice of your women patients who appreciate elegance and comfort, along with known reliability.



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The regular RAMSES Diaphragm, suitable for most women, is constructed of pure gum rubber, with a dome that is unusually light and velvet smooth. The rim, encased in soft rubber, is flexible in all planes, permitting complete freedom of motion.

RAMSES "TUK-A-WAY"® Kit #701—Designed like a fine accessory, this complete unit contains regular RAMSES Diaphragm 50 to 95 mm., with Introducer and 3 oz. tube RAMSES Vaginal Jelly. RAMSES "TUK-A-WAY" Kit #703—The same complete BENDEX unit minus Introducer (not required with arc-ing diaphragm). Sizes 65 to 90 mm.

Ramses "10-HOUR" Vaginal Jelly*
specifically for use
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For those women who prefer or require an arc-ing type diaphragm, the new RAMSES BENDEX embodies the superior features of the regular RAMSES plus the very best hinge mechanism contained in any arc-ing diaphragm.

*Active agent, dodecaethyleneglycol monolaurate 5% is a base of long-lasting barrier effectiveness.

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...Your taxes

inspected, what determines whether it gets closer examination and an audit?

A. There's no rigid formula. We learn from experience. One year's audits will suggest what next year's returns should be inspected for. As printed instructions and articles in the press clear up one type of error, we can shift our attention to others. But there's one factor that always assures examination of a return—a report that a

particular taxpayer may not be complying with the law.

Q. Doesn't all this examining and auditing impugn the honesty of the American people?

A. I wish the audit were better understood. We're not questioning the taxpayer's honesty. The audit is a routine protective procedure in our self-assessing tax system. A taxpayer's liability isn't officially determined until the return has been accepted by the Govern-

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Prompt and prolonged relief of pain and discomfort of simple hemorrhoids and anorectal distress.

LITERATURE AND SAMPLES ON REQUEST

MEDICONE COMPANY • 225 VARICK STREET • NEW YORK 14, N. Y.

Medical Economics, April 10, 1961



...Your taxes

ment. In between, if an audit occurs, it's a mere accounting device. But it is true that the burden of proof is on the taxpayer. And when he understands what the revenue agent is looking for, an audit should help restore the taxpayer's confidence in the Revenue Service.

Q. What *is* the agent looking for?

A. He's looking for an accurate determination of your taxable income. If appropriate records have been maintained, a doctor's income will be determined from these. If not, it's necessary for the agent to resort to other sources.

Q. You've said that an audit wouldn't raise a taxpayer's blood pressure if he had "a better understanding of his procedural rights." Will you please explain this?

A. A taxpayer can't be assessed additional taxes until an orderly legal procedure has been accomplished. This gives him an opportunity to appeal all the way to the Supreme Court. So when a revenue agent shows up for an audit, there's no need to panic. And if you do have to pay

more, you may not need to settle up for a couple of years.

Q. Well, let's assume that a doctor has remained calm through an audit but is unhappy about the results. What are his rights at this point?

A. The agent's decision isn't final. The doctor has several avenues of appeal. If he's not in agreement with the agent's decision, he's entitled to a hearing before an impartial conferee, the coordinator for the district. If the doctor doesn't agree with the conferee's decision, he may request that his case be referred to the Appellate Division.

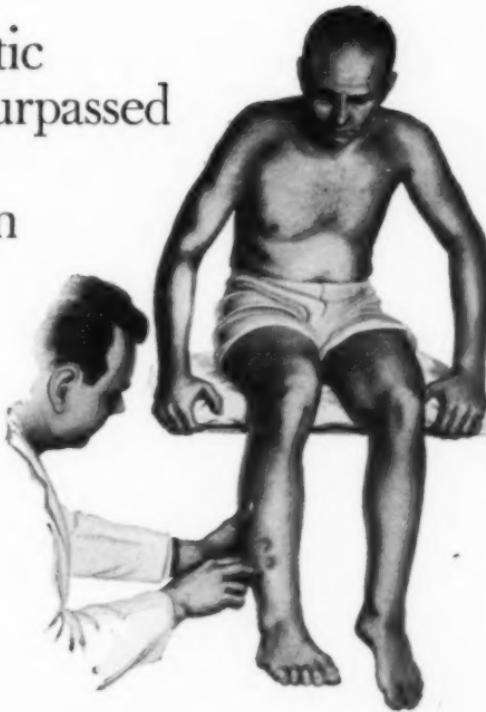
Appellate Division hearings are conducted by highly skilled technicians who will give the doctor fair and equitable treatment. Completely independent of the Audit Division, the Appellate Division is accountable only to the Commissioner.

Thus, we have three levels within the Service at which an agreement can be reached: the audit, the informal conference, and the Appellate Division. If all these produce no agreement, however, and an increase in tax is proposed, a notice of deficiency

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As salt goes, so goes edema. New NaClex is a potent, oral, non-mercurial diuretic that limits renal reabsorption of sodium and chloride ions with a relative sparing of potassium. Thus, by favorably altering the basic relationship between salt and water, NaClex induces a reduction of excess extra-cellular water and provides symptomatic improvement in edema. NaClex is also an effective anti-hypertensive, alone or with other drugs. Available in 50 mg. tablets. Literature on request.

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It is generally agreed that after surgery, or at other times of physiologic stress, vitamin reserves may be depleted. MYADEC helps to correct such deficiencies. Just one capsule daily supplies therapeutic potencies of 9 vitamins, *plus* various minerals normally found in body tissues. MYADEC is also valuable for the *prevention* of vitamin deficiencies in those patients whose customary diets are lacking in important food factors.

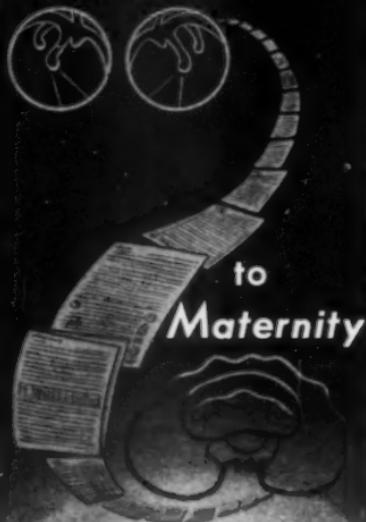
Each MYADEC capsule contains:

Vitamins: Vitamin B₁₂ crystalline—5 mcg.; Vitamin B₂ (G) (riboflavin)—10 mg.; Vitamin B₆ (pyridoxine hydrochloride)—2 mg.; Vitamin B₁ mononitrate—10 mg.; Nicotinamide (niacinamide)—100 mg.; Vitamin C (ascorbic acid)—150 mg.; Vitamin A—(7.5 mg.) 25,000 units; Vitamin D—(25 mcg.) 1,000 units; Vitamin E (*d*-alpha-tocopheryl acetate concentrate) —5 I.U. **Minerals** (as inorganic salts): Iodine—0.15 mg.; Manganese—1 mg.; Cobalt—0.1 mg.; Potassium—5 mg.; Molybdenum—0.2 mg.; Iron—15 mg.; Copper—1 mg.; Zinc—1.5 mg.; Magnesium—6 mg.; Calcium—105 mg.; Phosphorus—80 mg. Bottles of 30, 100, and 250.

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...Your taxes

cy—a "ninety-day letter"—is issued to the doctor. He then has ninety days to file a petition with the U.S. Tax Court.

Q. These conference coordinators for informal arbitration sound like welcome additions. Will you make their services widely available?

A. We've already authorized one for each district office, with additional conferees in the larger districts. Any taxpayer who

Amusing . . . Amazing . . . Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

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a pair of gynecologic patients:



Labels pasted on in professional in 1971

both are free of pain—but only one is on

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(Dihydromorphinone HCl)

swift, sure analgesia normally unmarred by nausea and vomiting

DILAUDID provides unexcelled analgesia before and after gynecologic, obstetric and surgical procedures. Its high therapeutic ratio is commonly reflected by lack of nausea and vomiting—and marked freedom from dizziness, somnolence, anorexia and constipation.

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2 mg., 3 mg., and 4 mg.

May be habit forming—usual precautions should be observed as with other opiate analgesics.



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doesn't agree with the revenue agent's audit decision may now request a hearing before an impartial conferee.

Q. We hear rumors of audits in which the revenue agent makes the assessment unreasonably high, in hopes that a slight compromise will mollify the taxpayer and keep him from going to court. What would you do if you were the taxpayer?

A. I'd appeal. Revenue agents, you know, are instructed to determine tax liability strictly on the merits of each case.

Q. Will you set up criteria for promoting revenue agents other than the number of returns they audit or the amount of taxes they recover?

A. I feel that agents should not be measured on such a basis. Our standards are entirely nonstatistical. They include, among other things, courtesy and the ability to explain audit results to taxpayers. A complete list of these standards has just been published in the I.R.S. Bulletin.

Q. I think you'll hear only applause for that news. Now here's another complaint. We

keep hearing about the lack of uniformity in interpretation and enforcement of the tax law from one district to another. Have you tackled this problem at all?

A. This is going to be corrected. We want uniformity—a single rule that applies in California as well as in Maine.

We're trying to improve our lines of communication among national, regional, and district offices. We now have a review system that's intended to catch discrepancies at higher levels. We also have this precaution: Complex problems may be referred directly to the national office for a ruling. This minimizes local variation.

Q. You've gone on record condemning "tax gadgets" as contributing to the breakdown of public confidence in tax laws. Will you please explain what "tax gadgets" are?

A. They're the transactions undertaken more to avoid taxes than for reasons of economic soundness. It's my hope that future legislation will deal with these "tax gadgets."

Q. Will you recommend any

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Antivert® STOPS VERTIGO



moderate to complete
relief of symptoms in
9 out of 10 patients¹

Prescribe one ANTIVERT tablet (or 1-2 teaspoonfuls ANTIVERT syrup) 3 times daily, before each meal, for prompt relief of vertigo, Meniere's syndrome and allied disorders. Side effects are short-lived, usually only harmless flushing and tingling associated with vasodilation. ANTIVERT is contraindicated in severe hypertension and hemorrhage.

SUPPLIED: Small blue-and-white scored tablets (meclizine HCl 12.5 mg. and nicotinic acid 50 mg.) in bottles of 100. Syrup in pint bottles. Prescription only. Bibliography available on request.

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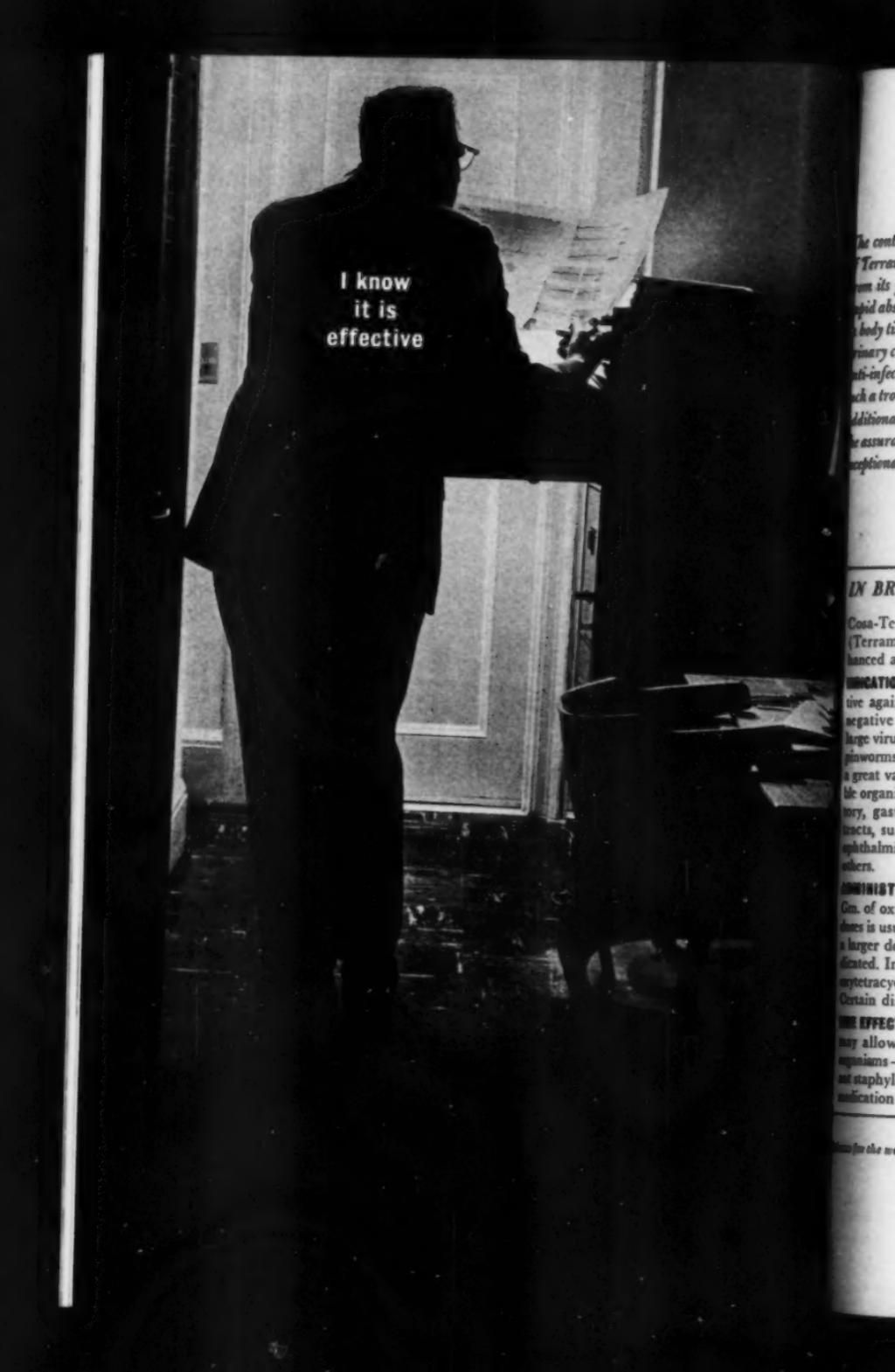
Reference: 1. Scal, J. C.: Eye Ear Nose & Throat Month. 38:738 (Sept.) 1959.



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The continuing clinical effectiveness of Terramycin therapy derives as always from its proven antibiotic characteristics—rapid absorption; notably wide distribution to body tissues and fluids; high, active urinary concentrations; and a broad anti-infective spectrum embracing even such a troublesome organism as *Pseudomonas*. Additionally, Terramycin therapy provides reassurance of a 10-year record of exceptional toleration.



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that ensure broadly
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today's oral form of Terramycin

IN BRIEF

Cosa-Terramycin provides oxytetracycline (Terramycin®) with glucosamine for enhanced absorption.

INDICATIONS: Because oxytetracycline is effective against both gram-positive and gram-negative bacteria, rickettsiae, spirochetes, large viruses, and certain parasites (amebae, pinworms), Cosa-Terramycin is indicated in a great variety of infections due to susceptible organisms, e.g., infections of the respiratory, gastrointestinal, and genitourinary tracts, surgical and soft-tissue infections, ophthalmic and otic infections, and many others.

ADMINISTRATION AND DOSAGE: Adults: 1 Gm. of oxytetracycline daily in four divided doses is usually effective. In severe infections, a larger dosage (2-4 Gm. daily) may be indicated. Infants and children: 10-20 mg. of oxytetracycline per lb. of body weight daily. Certain diseases are treated in courses.

EFFECTS AND PRECAUTIONS: Antibiotics may allow overgrowth of nonsusceptible organisms—particularly monilia and resistant staphylococci. If this occurs, discontinue medication and institute indicated suppor-

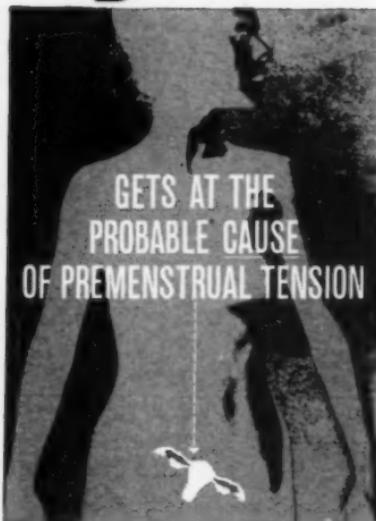
tive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel has been shown to decrease antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine.

SUPPLIED: Cosa-Terramycin Capsules, 250 mg. and 125 mg. Terramycin is also available in: Cosa-Terrabon® Oral Suspension, a palatable preconstituted aqueous suspension containing 125 mg. per 5 cc. teaspoonful, bottles of 2 oz. and 1 pint; Cosa-Terrabon® Pediatric Drops, a palatable preconstituted aqueous suspension containing 5 mg. per drop (100 mg. per cc.), bottle of 10 cc. with calibrated plastic dropper; and Terramycin Intramuscular Solution, conveniently preconstituted, in the new 10 cc. multi-dose vial, 50 mg. per cc., and in 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. In addition, a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

More detailed professional information available on request.

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PROBABLE CAUSE
OF PREMENSTRUAL TENSION

to restore hormonal balance...

CORRECTIVE THERAPY Because Cytrān contains the new progestin, Provera*, you can now reach the probable cause of premenstrual tension—hormonal imbalance. The estrogen-progesterone ratio is adjusted to more normal premenstrual balance. Abdominal discomfort, shakiness, fatigue—symptoms incompletely controlled by mere symptomatic treatments—are often effectively relieved.

to comfort the patient...

SYMPOMATIC THERAPY An effective diuretic (Cardrase*) and a mild tranquilizer (Levanil*) afford symptomatic relief during the time required to effect basic correction. They also supplement the activity of Provera in those patients in whom restoration of hormone balance does not completely eliminate edema and anxiety/tension.

Each tablet contains:

Provera (medroxyprogesterone acetate)	.25 mg
Cardrase (ethoxzolamide)	35 mg
Levanil (ectylurea)	300 mg

Usual dosage: 1 to 2 tablets daily, 5-10 days before the period. **Supplied:** As layered tablets in bottles of 20 and 100. **Precautions:** Side effects following the use of Cytrān are rare. The patient should be observed for possible sensitivity to one or more of the components. Drowsiness, if seen, may be relieved by decreasing the dosage. **Contraindications:** Cytrān should not be used in patients with abnormal uterine bleeding until malignancy and all other organic pathologic conditions have been ruled out. Carbonic anhydrase inhibitors should not be administered in the presence of renal failure, hyperchloremic acidosis, Addison's disease, or any condition involving depressed sodium and/or potassium levels. Caution must be observed in the presence of symptomatic hepatic cirrhosis as acidosis may develop. Tranquilizing agents, generally, are not indicated in true depressive states without concomitant anxiety.

*TRADEMARK, REG. U. S. PAT. OFF.

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new legislation to restrict such transactions?

A. It's not the Commissioner's job to initiate legislation. That's handled by the Assistant Secretary of the Treasury. My job is to enforce the laws.

Q. How can a doctor make sure that his tax adviser is competent and up-to-date? Is there an organization to certify tax experts similar to medicine's certifying boards for specialists?

A. The Treasury itself issues credentials to tax practitioners. These are men judged competent to represent taxpayers before the Treasury's several bureaus, including the Revenue Service. There are more than 100,000 such tax practitioners, and each one has a Treasury identification card. They include attorneys, C.P.A.s, former Service employes, and public (or non-certified) accountants. If a doctor wants a tax practitioner, he

she's been

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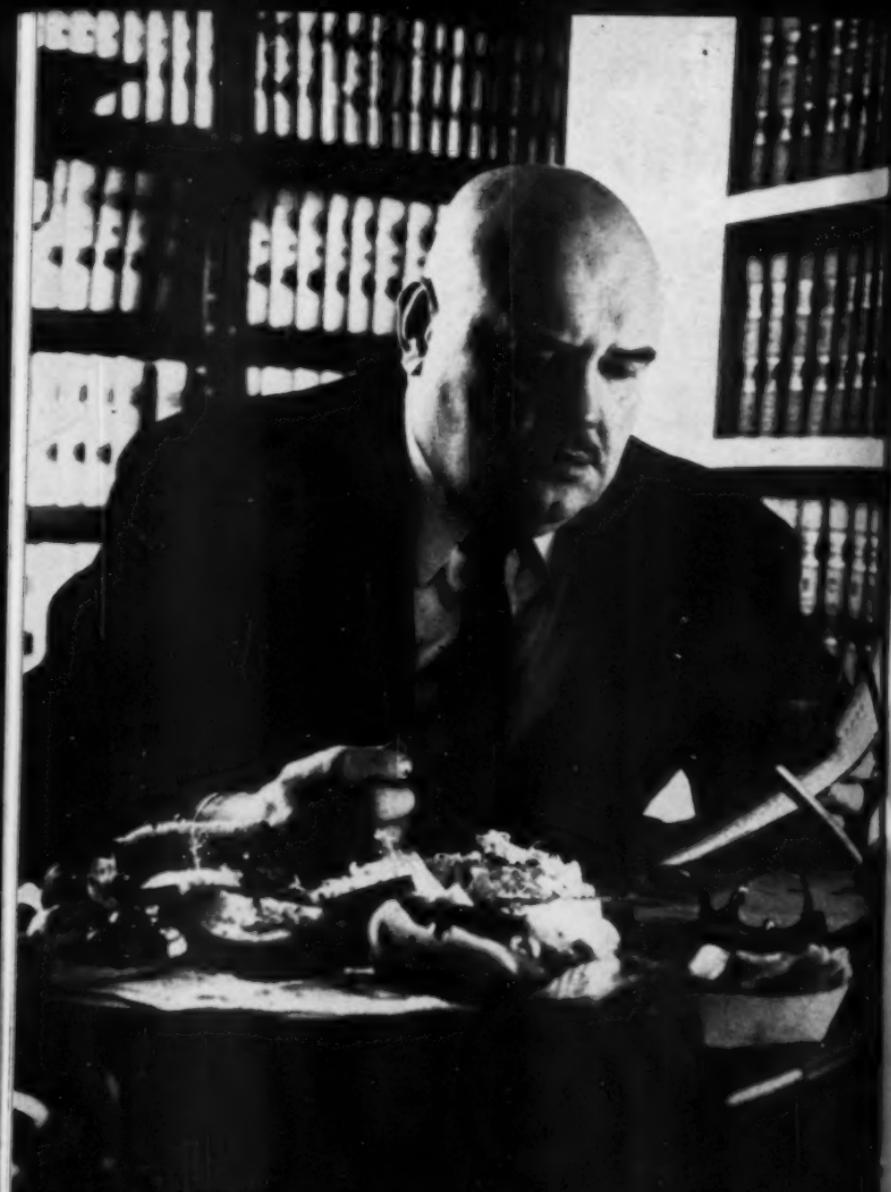


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**UNSURPASSED "GENERAL-PURPOSE" STEROID
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ARISTOCORT Triamcinolone has long since proved its *unsurpassed efficacy* and *relative safety* in treating rheumatoid arthritis. Mounting clinical evidence has shown that **ARISTOCORT** is also highly valuable for the "special-problem" arthritic—the patient who, because of certain complications, was hitherto considered a poor candidate for corticosteroids.

for example:

SPECIAL PROBLEM: ANXIETY-TENSION

When triamcinolone was used, euphoria and psychic unrest rarely occurred. (McGavack, T. H.: *Clin. Med.* 6:997 [June] 1959.)

SPECIAL PROBLEM: OVERWEIGHT

No patient developed voracious appetite on triamcinolone. Preferable for the overweight person whose appetite is undesirably stimulated by other steroids. (Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arthritis & Rheumatism* 1:215 [June] 1958.)

SPECIAL PROBLEM: EDEMA

Since it does not produce edema, triamcinolone is useful in rheumatoid arthritis patients with cardiac decompensation who need steroid therapy. (Hollander, J. L.: *J.A.M.A.* 172:306 [Jan. 23] 1960.)

SPECIAL PROBLEM: HYPERTENSION

Triamcinolone may be included among the currently available antirheumatic steroids having the least tendency to cause sodium retention. (Ward, L. E.: *J.A.M.A.* 170:1318 [July 11] 1959.)

Hypertension did not result from triamcinolone therapy. Existing hypertension was reduced sometimes. This may have been due to lack of sodium retention. (Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arthritis & Rheumatism* 1:215 [June] 1958.)

Precautions: Collateral hormonal effects generally associated with corticosteroids may be induced. These include Cushingoid manifestations and muscle weakness. However, sodium and potassium retention, edema, weight gain, psychic aberration and hypertension are exceedingly rare. In the treatment of rheumatoid arthritis, dosage should be individualized and kept at the lowest level needed to control symptoms. Dosage should not exceed 36 mg. daily without potassium supplementation. Drug should not be withdrawn abruptly. Contraindicated in herpes simplex and chicken pox.

Supplied: Scored tablets — 1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white).

Also available — syrup, parenteral and various topical forms.

Request complete information on indications, dosage, precautions and contraindications from your Lederle representative or write to Medical Advisory Department.

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**A SAFE
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can usually find several through the local bar association or organizations of C.P.A.s.

The Service has often urged taxpayers to seek advice from members of recognized legal and accounting firms. Many a taxpayer has lived to regret his reliance on so-called tax experts who weren't expert at all. Remember, the taxpayer is personally liable for accuracy in his tax return.

END

**Lower income tax rates
ahead? Caplin hopes so**

In his pre-commissioner days, Mortimer Caplin was one of the tax specialists frequently called to Washington to prescribe for our groaning Federal revenue system. Congress soon found he had a number of clear-cut ideas

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Older patients often need help when they complain of dizziness... help that can be provided by Dramamine. This classic drug is free of serious side effects, easy-to-take and frequently is effective against dizziness with a vestibular component whether acute or chronic. These elder citizens will be grateful for Dramamine. Dosage: one 50-mg. tablet, t.i.d.

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When impaction requires fecal softening, Fleet Oil Retention Enema permits easy, rapid administration... without inconvenience or messiness of old-style procedures. Insertion is made safe with pre-lubricated, anatomically correct 2-inch rectal tube.



204

...Your taxes

about what ailed the patient and how to cure it.

One of these ideas concerned the taxpayer's attitude. The tax morality of a lot of people, Caplin told Congress, was being undermined by "high and artificial rates . . . and unjustifiable discrimination." His proposed program—of special interest to professional men—included these remedies:

- *Lower the tax rates.* Set a rate ceiling of 65 per cent for top brackets instead of the 91 per cent now in effect; lower the floor to 10 per cent instead of the present 20 per cent. Today's high rates are artificial anyway, according to Caplin, since wealthy taxpayers usually arrange their holdings to qualify

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

Medical Economics, Apr. 10, 1961



patients

Patients prefer the greater simplicity **when doctors choose** the **FLEET** simplicity of administration and comfort of **FLEET** ENEMA as compared to old-style enemas. The *ready-to-use* squeeze bottle eliminates troublesome preparation and cleanup—while inser-

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for low-rate tax relief. The exceptions are "mostly those whose income is earned through personal services, such as doctors. High rates hit them hard."

• *Close the tax shelters.* As favors to special groups, the law now grants "shelters" to income from certain sources, Caplin said. Eliminating these shelters would flush billions of taxable income dollars out into the open. Then the lower standard rates, applied to more income, would actually yield more income.

Among these tax shelters he listed the \$50 exclusion and 4 per cent credit that reduce taxes on income from dividends; the special depletion deduction for income from minerals and timber; and tax shelters on inherited property and on property given to trusts or charity. "A tax favor to one group inevitably results in a tax burden to another," said Caplin.

• *Permit averaging of incomes that fluctuate from year to year.* Hardships occur when standard tax rates are applied to actual incomes in such cases.

• *Eliminate or limit capital-gains provisions.* The currently

favored treatment for capital gains is unfair to taxpayers whose income is from earnings, according to Caplin. "If capital gains remain in the law," he advised, "let's extend the [required] holding period to at least one year, eliminate the 25 per cent alternative tax, and allow only the 50 per cent deduction for net long-term capital gain." On the other hand, he'd allow more deductions for capital loss.

• *Trap profits from the sale of depreciated property.* Depreciable property now gets two tax breaks. The first comes when depreciation is allowed as a tax deduction. Then, when the property is sold, the profit is taxed at the special bargain rate for capital gains. Caplin recommended it be taxed at the standard rate for ordinary income.

• *Collect taxes on dividends and interest by having them withheld at the source.* "The Treasury is reported to be losing hundreds of millions of dollars through failure of taxpayers to report their dividends and interest," Caplin said.

• *Deny deductibility of interest*



Protects the angina patient better than vasodilators alone

The coronary patient's anxiety about his condition can easily induce an anginal attack or, in myocardial infarction, can delay recovery.

This is why Miltrate gives better protection than vasodilators alone.

Miltate contains PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation.

Miltate also provides Miltown, a tranquilizer which, unlike phenobarbital, relieves tension without inducing daytime fogginess.

Thus, your patient's cardiac reserve is protected against his concern about his condition; his arteries are dilated to enhance myocardial blood supply—and he can carry on normal activities more effectively.

REFERENCES: 1. Ellis, L. B. et al.: Circulation 17:945, May 1958. 2. Friedlander, H. S.: Am. J. Cardiol. 1:395, Mar. 1958. 3. Riesman, J.E.: New England J. Med. 261:1017, Nov. 12, 1959. 4. Russek, H. I. et al.: Circulation 12:109, Aug. 1955. 5. Russek, H. I.: Am. J. Cardiol. 19G, April 1959. 6. Tortora, A. R.: Delaware M. J. 30:288, Oct. 1958. 7. Walman, S. and Peimer, L.: Am. Pract. & Digest. Treat. 8:1075, July 1957.

Supplied: Bottles of 50 tablets. Each tablet contains 500 mg. Miltown and 10 mg. pentaerythritol tetranitrate.

Dosage: 1 or 2 tablets q.i.d. before meals and at bedtime, according to individual requirements. CML-0621

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She is "liquidated" . . . but her appetite survives!

Mealtime *hunger* reflects a physiological need quickly satisfied by food—liquid or solid.

But *appetite* represents a psychological need which is often the obese patient's biggest problem. Measures that satisfy hunger alone are not enough. Mealtimes rapidly become tedious on unnatural diets . . . and high caloric snacks, between-meal nibbling, and refrigerator raiding provide an appetizing consolation! When *appetite* survives, willpower soon vanishes.

You can help her *satisfy* her *appetite* as well as her *hunger* . . . and still be sure of

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by prescribing Biphetamine or Ionamin. A single capsule dose appeases appetite for 10-14 hours. Your patient enjoys normal food (in lesser quantities) while better eating habits and proper weight are gradually established and maintained.

If She's "Sedentary"

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A "STRASBURG" ANORECTIC

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(20 mg.)

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BIPHETAMINE '12 1/2' **BIPHETAMINE '7 1/2'**
(12.5 mg.) (7.5 mg.)

Each capsule of each strength contains equal parts of d-amphetamine and dl-amphetamine as cation exchange resin complexes of sulfonated polystyrene.

If She's "Active"

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IONAMIN '30'
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(15 mg.)

Each capsule of each strength contains phentermine as a cation exchange resin complex of sulfonated polystyrene.

Single Capsule Daily Dose 10 to 14 hours before retiring

STRASBURGH

on loans made to pay premiums on life insurance. Caplin's special target was the "policy sold to high-bracket taxpayers" to be paid for with interest-deductible loans. He denounced such "tax gadgets."

• *Create a special Tax Court of Appeals.* Its aim, according to the commissioner, would be to render tax decisions with final, nation-wide authority. Thus, tax appeals would not have to go all the way to the U.S. Supreme

Court level. A Tax Court of Appeals would also clean up the inconsistency of district court tax rulings.

• *Rewrite the whole tax law for clarity and simplicity.* "Only in this manner will taxpayer confidence be restored," Caplin told Congress. "Our tax laws have become unbelievably complex... We are inviting widespread disregard . . . leading to innocent as well as to calculated violations."

END

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the original synergistically
fortified chorionic gonadotropin
(contains Chorionic Gonadotropin,
Thiamin Hydrochloride, L (+) Glu-
tamic Acid), Dose 1cc 1M, 10cc and
25cc Vials.

PUBLISHED ARTICLES ON GLUKOR:

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2. *id.*: Impotence, Med. Times (March) 1956.
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U. S. PATENT No. 2,942,838



Psoriasis of
37 yrs' duration.
Previous therapy
produced no
improvements.



Same Patient
Clearing after 2 mos'
treatment with Lipan
Dosage: 5 capsules
3 times daily

ACHIEVE FREEDOM FROM PSORIASIS W/LIPAN

Over and over again, studies have shown Lipan Improved Capsules to be orally effective therapy. Lipan will, in most cases, give a rapid clinical response. Maintenance dosage frequently keeps the patient symptom-free.

Again, in a recent study¹ on psoriasis of long standing, 37.71% showed complete remission of symptoms, 32.26% showed decided improvement, and 12.90% showed moderate or temporary improvement.

These new studies on the use of Lipan Improved Capsules have demonstrated that the clinical results are in direct proportion to adequate daily dosage.^{2,3} Effectiveness of Lipan therapy increases as dosage is increased.

Dosage: For complete *Lipanization* (saturation dosage): 2 to 4 capsules before each meal; 1 to 2 capsules before between-meal snacks.

Each Lipan Improved Capsule contains: Pancreatin - 2000 mg., Pyridoxine HCl - 3 mg.

Reprints, Samples and Literature upon request

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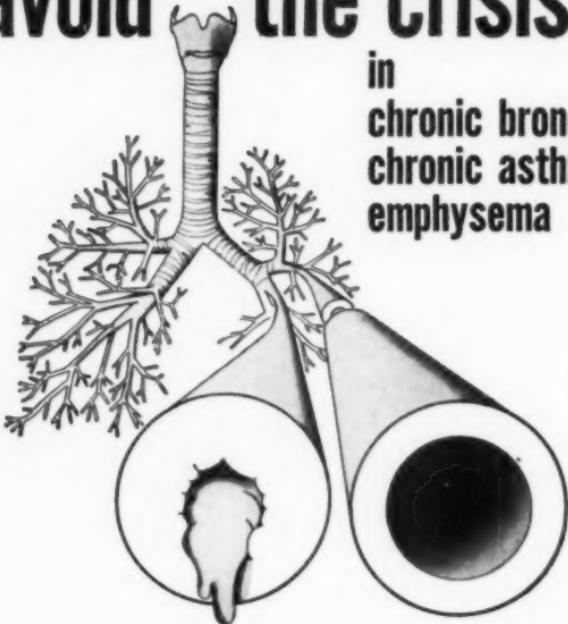
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PDR

PAGE 747

to avoid the crisis

in
chronic bronchitis
chronic asthma
emphysema



Choledyl provides uniformly effective bronchodilatation throughout long-term therapy. Choledyl, taken regularly, helps prevent severe flare-ups in patients with chronic respiratory disease (the aging in particular) by affording continuous relief from debilitating bronchospasm. Gastric irritation and other unwanted effects are rare.

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THE CHOLINE SALT OF THEOPHYLLINE

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keeps the airways open

Supplied: 200 mg. tablets (yellow), bottles of 100. Precautions: Side effects have been minimal but may include CNS stimulation or, rarely, palpitation. Full dosage information, available on request, should be consulted before initiating therapy.



makers of Tedral Gelusil Proloid Peritrate Mandelamine

Financial briefs

Medical Economics, April 10, 1961

YOU CAN GET A HIGHER YIELD from some convertible preferred stocks right now than from most commons. Reason: High prices have dropped the average common's yield below 3 per cent. But yields of 3.8 to 4.2 per cent are possible with such preferreds as Allis-Chalmers \$4.08, Schering \$1.50, Standard Packaging \$1.20, and Textron \$1.25. If you own one of these and the market in common stocks continues to rise, you can follow the trend by converting it.

PLANNING A VACATION TRIP BY CAR this summer? If so, renting a trailer may solve the problem of where to stay overnight. A fifteen-footer that sleeps a family of five costs about \$35 to \$50 a week, including collision insurance.

BEFORE YOU MAIL YOUR INCOME TAX RETURN, take a last look at your deductions for contributions, interest, taxes, etc. If they match exactly the "average" deductions published by advisory services, your return is almost sure to be audited. The I.R.S. warns that taxpayers who deduct such sums will be asked for proof.

CANADIAN STOCKS COULD BE WORTH ADDING to your portfolio right now. Traditionally, they've sold at higher price-earnings ratios than U.S. stocks. But now the Toronto exchange's index of industrials shows prices averaging 17 times earnings, compared with a price-earnings

ratio of 20 for the Dow-Jones industrials. If U.S. stock prices rise further, investors may turn to Canada, pushing prices up there.

CAN YOU AVOID TAXES by setting up multiple small trusts instead of one big one? Not unless you have other reasons for doing so. A U.S. District Court recently denied tax exemption for ninety nearly identical trusts, totaling \$17,740, that an M.D. had established for his son. The ninety trusts were in effect one—and therefore taxable, the judge ruled. "Taxability of a transaction is determined by its true nature, rather than form," he noted.

WANT TO KEEP YOUR OFFICE OPEN if you're laid up? Then you should consider supplementing your disability-income insurance with an "overhead" policy designed specifically to cover practice expenses. Its big advantage over disability coverage: Premiums are tax-deductible.

YOU CAN PAY LOWER TAXES on your investment income if you buy stock in a company that distributes capital, rather than earnings. That way, your "dividends" will be taxed at the relatively low capital-gains rate, not as ordinary income. Examples of such companies paying 3½ to 4 per cent: California-Oregon Power, Electric Bond & Share, Missouri-Kansas Pipe Line, United Corp.

the new high-potency multivitamin from Robins



a good old-fashioned value: Adabee

When they go to buy vitamins, patients may pay a penny per tablet more (nearly two cents in most comparisons) for other therapeutic formulas than they do for equally potent Adabee. Why? Just this. Adabee purchasers pay only for high-potency doses of the vitamins A, B, C, and D. Not for folic acid, or costly B₁₂, hormones, amino acids, enzymes, yeast, or other price-raising factors. Give your patient the nutrition he needs with the economy he appreciates. Next time, try it. Each yellow, capsule-shaped tablet contains: Vitamin A, 25,000 USP units; Vitamin D, 1,000 USP units; Thiamine mononitrate (B₁), 15 mg.; Riboflavin (B₂), 10 mg.; Pyridoxine HCl (B₆), 5 mg.; Nicotinamide, 50 mg.; Calcium pantothenate, 10 mg.; and Ascorbic acid (Vitamin C), 250 mg. For minerals too, write Adabee®-M.

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Your world

The self- conscious society

*Condensed from
the best-selling book
by Eric Larrabee*





Americans are perennially fascinated by themselves. Perhaps this is a bad sign. If you were to judge us by Whitehead's axiom that "a culture is in its finest flower before it begins to analyze itself," then we have never had a flowering. For Americans were self-conscious from the start.

We originated in an act of self-consciousness. We had not "always" been here, and our nation had to be declared into existence. "The land was ours," as Robert Frost says it, "before we were the land's." The consequences of being what we were, of being this people on these shores, had to be worked out.

Americans are self-conscious because, among other things, they wonder about whether they exist. Is there really any such animal as the American? Or are we simply a subspecies of European transplanted to another hemisphere? Our forefathers scorned this derivative role. They liked to think of themselves as standing on the threshold of a new age. "American glory begins at the dawn," said Noah Webster. And in a short story of Hawthorne's there is a great bonfire on the Midwestern prairie in which the world's "outworn trumpery" is destroyed. "Our national birth . . .," said the Democratic Review, "separates us from the past and connects us with the future only."

We came from Europe, but we are different. On this axis has turned a dialogue in which generations of Americans have been involved, despite themselves, and often involved as though for the very

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In CONSTIPATION...

Relief? Certainly.

But, what about the tonic bowel?

MODANE for both!

Consider the task . . . Usually it is more than just moving fecal matter. Often, the tonic bowel cries for rehabilitation! MODANE answers both needs.

FOR ONE HALF OF THE PROBLEM

MODANE provides Danthron—non-irritating, non-habit-forming, overnight de-constipant which acts gently, positively, on the large bowel only.

... FOR THE OTHER HALF

MODANE supplies Pantothenic Acid vital to the body's formation of coenzyme A which is, in turn, essential for acetylation of choline—so necessary for normal bowel tone and peristaltic efficiency.

3 IDEAL DOSAGE FORMS

Each Modane Tablet contains 75 mg. Danthron (1.8 Dihydroxyanthraquinone) and 25 mg. Calcium Pantothenate. Each Modane Mild Tablet and each teaspoonful Modane Liquid contains 37.5 mg. Danthron and 12.5 mg. Calcium Pantothenate. Dosage — 1 tablet, teaspoonful, or fractional teaspoonful, immediately after the evening meal.



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first time. A hundred years pass, and we are still tugging at the same apron strings.

"Can we never," Emerson once asked, "extract this tapeworm of Europe from the brain of our countrymen?" Apparently not, for we are still struggling to liberate what he called "the American scholar"—

A new view of our goals

Are we Americans really a people of "soul-less, gadget-ridden materialism"? Eric Larrabee does not think so. Long an editor of Harper's Magazine and now executive editor of American Heritage, he has studied our present-day culture and come to the conclusion that such writers as Vance Packard ("The Status Seekers," "The Waste Makers") are guilty of overstating the facts. About his book condensed here, Larrabee writes: "My intention has been to describe some of the surface aspects of contemporary society, but in such a way as to show the more durable outlines of the human condition not far beneath . . . The combined outcome of our social fluidity, our cultural free-for-all, and our uneasy opulence has been to throw the individual back on his or her inner resources. On the average, those are no greater or lesser than they have been."



Introducing

“PLEGINE”

BRAND OF PHENIDIMETRAZINE BITARTRATE

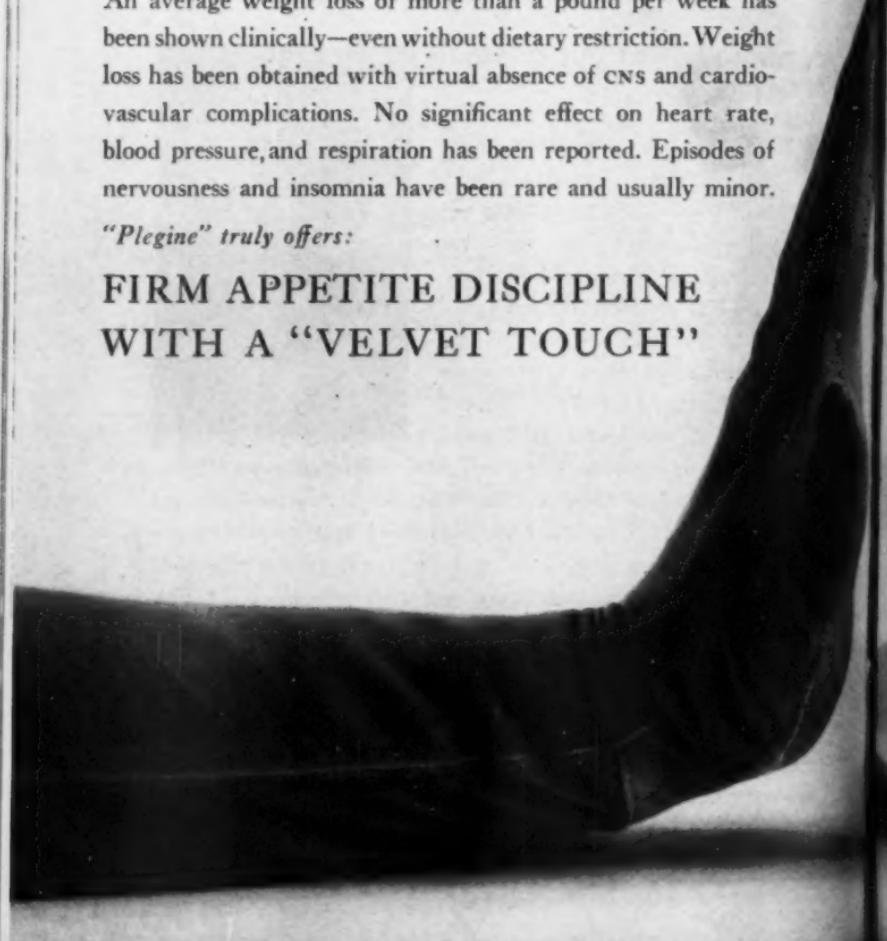
new, potent appetite-suppressant

“Plegine” provides strong appetite suppression, yet does not penalize the patient with disturbing side effects.

An average weight loss of more than a pound per week has been shown clinically—even without dietary restriction. Weight loss has been obtained with virtual absence of CNS and cardiovascular complications. No significant effect on heart rate, blood pressure, and respiration has been reported. Episodes of nervousness and insomnia have been rare and usually minor.

“Plegine” truly offers:

**FIRM APPETITE DISCIPLINE
WITH A “VELVET TOUCH”**



"PLEGINE" provides unique benefits in the management of obesity

- suppression of appetite readily and easily achieved
- significant weekly weight loss recorded clinically
- virtually no effects on blood pressure, pulse, and respiration
- low incidence of nervousness and insomnia
- no tolerance reported to date
- high degree of patient acceptability

DOSAGE AND ADMINISTRATION: The usual suggested dosage is 1 tablet b.i.d. or t.i.d., one hour before meals. Dosage, however, should be adjusted to the needs of the patient. In some cases, $\frac{1}{2}$ tablet per dose will suffice; in others, 2 tablets b.i.d. or t.i.d. may be required. A dietary regimen is advisable in conjunction with appetite-suppressant therapy.

AVAILABILITY: No. 755—Each "Plegine" Tablet contains 35 mg. of Phendimetrazine bitartrate (scored), bottles of 100 and 1,000.

CAUTION AND CONTRAINDICATIONS: No adverse effects on blood pressure, heart rate and respiration have been reported with "Plegine." However, as is true for all medication of this type, "Plegine" is not recommended for patients with coronary disease, severe hypertension, or thyrotoxicosis, and should be used with caution in highly nervous or agitated individuals.

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and what we would call educated Americans—from the dominance of European ideas.

Our higher education is still, for better or worse, Europe-oriented. It has to be. What else is there to study? We still have no better way of learning and exercising the disciplines of art, literature, and history than on the Western European past, no other sciences than those of quantitative measurement that Europeans developed, no other place to visualize ourselves historically but at the end of Western Man's long adventure. In their sense we cannot innovate; we can only continue and amplify. "You must remember," a French government official told me once in Dakar, "that even the most cultivated American is not cultured in our sense of the word."

Nor is he in ours, but I did not tell him that. He would not have understood if I had. For it is one of the conditions of the transatlantic dialogue that communication goes only one way. The Americans do not talk back. We care about things they do not care about. We are engaged in experimenting with a mass society that they regard either with amusement or abhorrence. We understand them better than they understand us, if only because we have for so long used them as models, measuring ourselves against the only standards available and deplored the fact that our governmental machinery is not British, our music is not German, and our drugstores are not French cafés. If they do not understand us, however, it is because they do not know there is anything here to be understood.

American professors who have gone abroad to

now! by mouth! a liquid
bronchodilator terminates
acute asthma in minutes
with virtually no risk of
gastric upset

ELIXOPHYLLIN®

oral liquid

following oral dosage of 75 cc. Elixophyllin, mean blood levels of theophylline at 15 minutes¹ exceed those produced by 300 mg. aminophylline V.²—and therapeutically effective³ levels persist for hours.¹

- No sympathomimetic stimulation
- No barbiturate depression
- No suppression of adrenal function

Each tablespoonful (15 cc.) contains theophylline 80 mg. (equivalent to 100 mg. aminophylline) in a hydroalcoholic vehicle (alcohol 20%).

Acute attacks: Single dose of 75 cc. for adults; 0.5 cc. per lb. of body weight for children.

24 hour control: For adults 45 doses before breakfast, at 3 P.M., and before retiring; after two days, 20 cc. doses. Children, 1st 6 doses cc.—then 0.2 cc. (per lb. of body weight) as above.

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teach have frequently commented on this fact. Stanley Williams, who went to Sweden on an exchange from Yale, has recorded the "contempt for our country which in some measure every teacher of American literature in Europe still encounters." Perry Miller, who went to Holland from Harvard, speaks of "the deep and ubiquitous anti-Americanism that the visitor gradually senses behind the most charming cordiality and hospitality."

One reason the European intellectual feels this way is that he sees in America what Europe, but for the grace of history, might be. We have enlarged the middle class to include the whole society, and we have made a middle class out of what in Europe would be a lower middle class, a petty bourgeoisie. We have given European vulgarity a chance to express itself. America in the mind of Europe has therefore drifted into becoming a new barbarism—a place where all their own tawdriness manifests itself, a playground of the forbidden, a teasing stimulant for jaded appetites.

I do not mean to suggest that we also have not found it convenient to cultivate our own myths and to belabor what Melvin Lasky called the "old, tortured formulae"—"The Jeffersonian version: America is young, vigorous, progressive; Europe is old, tired, decadent. The Jamesian version: America is raw, innocent, susceptible; Europe is dark, engaging, profound. The Rooseveltian version: America is practical, experimental, promising; Europe is helpless, reactionary, tragic."

These are the stereotypes in which every "culti-

uncomplicated prevention of "next-morning sickness" with a single bedtime dose

Bonine®

BRAND OF MECLIZINE HYDROCHLORIDE

a record of effectiveness, excellent toleration, and economy



IN BRIEF

BONINE (meclizine hydrochloride) is the dihydrochloride of 1-p-chlorobenzhydryl-4-m-methylbenzylpiperazine, an antihistaminic-anticholinergic compound for prevention and relief of nausea and vomiting due to a variety of causes.

INDICATIONS: Valuable in the symptomatic relief of nausea and vomiting of pregnancy. Also indicated for motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

ADMINISTRATION AND DOSAGE: For control of nausea and vomiting of pregnancy, a single dose of 25 to 50 mg. at bedtime is usually effective. For dosage schedules in other indications, see package insert.

SIDE EFFECTS: Not a phenothiazine, the side effects reported in association with

BONINE have been uncomplicated, mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. There are no known contraindications to BONINE.

PRECAUTIONS: As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness.

SUPPLIED: BONINE Tablets, scored, tasteless, 25 mg. BONINE Chewing Tablets, mint-flavored, 25 mg. BONINE Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

only rarely does one drug
meet so well the
needs of one condition



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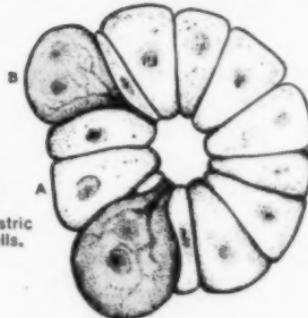
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Typical gastric secretory gland.

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NACTON effectively inhibits gastric acid production by the parietal cells.



- suppresses gastric acid secretion at the parietal cell level
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NACTON®... Has been shown to suppress gastric acid secretion for as long as 8 to 9 hours.¹ "...reduces the total output of gastric HCl by about 60%."²

Decreases hypermotility of stomach and bowel.³⁻⁷
Aids healing of peptic ulcer.⁸

Unusually low incidence of side effects.^{1, 3, 9}

NACTON TABLETS...4 mg.

Average effective dose: 4 mg. three or four times daily

1. Douthwaite, A. H., and Hunt, J. N.: Effect of "Nacton" in Patients with Duodenal Ulcer, *Brit. Med. J.* 1:1030-1034 (May 3) 1958. 2. Douthwaite, A. H.: The Development of the Treatment of Duodenal Ulcer, *Proc. Roy. Soc. Med.* 51:1063-1066 (Dec.) 1958. 3. Steigmann, F.: The Problems of Side Effects in Anticholinergic Therapy, to be published. 4. Grossman, M. I., and Tuttle, S. G.: Clinical Report to McNeil Laboratories. 5. Texter, E. C.: Clinical Report to McNeil Laboratories. 6. Cayer, D., and co-workers: Clinical Report to McNeil Laboratories. 7. Lorber, S. H.: Clinical Report to McNeil Laboratories. 8. Walker, G. F.: Therapeutics; Gastric Sedatives, *Brit. J. Clin. Pract.* 13:362 (May) 1959. 9. Douthwaite, A. H., Hunt, J. N., and MacDonald, I.: A Long-Acting Inhibitor of Gastric Secretion, *Brit. Med. J.* 2:275-276 (Aug. 3) 1957.

McNEIL

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vated" American is to some extent involved. At worst, the result has been a screen of fixed ideas between the educated man and the day-to-day world around him—the "popular culture" that has only recently become a proper subject of serious attention. Even at their best, the stereotypes of Europe and America have given a kind of hot-house immortality to our sense of unfulfilled mission. We are still trying to explain ourselves, especially to ourselves. We are still insisting that the differences have not yet been quite correctly defined. And we are still invigorated by every real or imaginary bond to Europe that we break. We are young again every time we think how unlike Europe we are.

As Thornton Wilder said in 1952, "Americans are still engaged in inventing what it is to be an American."

My aim is to describe some of the modes through which the American character is presently seeking to invent itself, and to reach some conclusions about its progress and prospects. It will quickly appear to the reader that I regard many conventional worries as groundless—that I take pleasure in many of the aspects of so-called mass culture which numerous critics have defined as poisonous and contemptible. Perhaps I can excuse myself by saying that I fear for my country and judge it harshly, but on a different set of standards.

During recent years, the American appetite for introspection has been as unassuaged as ever. We have in fact discovered a new opportunity for self-analysis in the techniques of popular sociology. For

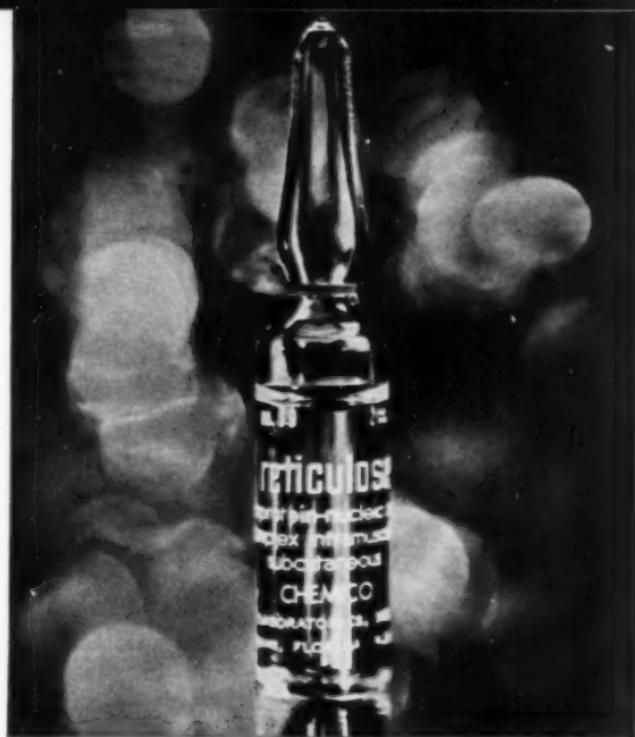
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RETICULOSE HAS BEEN REPORTED TO BE SUCCESSFUL IN THE THERAPEUTIC MANAGEMENT OF: *Herpetic diseases, 3, 5, encephalitis, 1, 2, 3, generalized vaccinia, 3, 4, infectious hepatitis, 3, influenza, Asian influenza, 3, upper respiratory viral infections, 3, infectious mononucleosis, 3, mumps orchitis, 2.*

Reticulose is nontoxic, free from anaphylactogenic properties, is miscible with tissue fluids and blood sera. It is an injectable product, administered intramuscularly, supplied in 2 cc. ampoules and is extremely stable.

Dosage: *acute*; acute infection and seriously ill patient . . . one 2 cc. ampoule intramuscularly each 4 to 6 hours, reducing dosage as therapeutic response is established. *ambulatory*; in acute infection of ambulatory patient . . . one 2 cc. ampoule intramuscularly each 12 to 24 hours. *subacute*; in subacute infection . . . one 2 cc. ampoule intramuscularly daily. In children under five years of age . . . $\frac{1}{2}$ ampoule is recommended according to above schedule. Contraindications: In states of hypersensitization (severe allergies, etc.). Active tuberculosis.

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Effective

**Outstandingly
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...for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

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1 simple dosage schedule produces rapid, dependable
tranquilization without unpredictable excitation

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Supplied: 400 mg. scored tablets, 200 mg.
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Available as Meprospan-400 (blue-topped *sustained-release* capsules containing 400 mg. meprobamate),
and Meprospan-200 (yellow-topped *sustained-release* capsules containing 200 mg. meprobamate).

most of the year 1959, the number-one best-seller was Vance Packard's "The Status Seekers," a book that made us out as "badly maladjusted to our environment and becoming more maladjusted every month." Wrote Mr. Packard: "The forces of the times seem to be conspiring to squeeze individuality and spontaneity from us. We compete for the same symbols of bigness and success . . . We tend to judge people by their labels. And all too often we judge people on the basis of the status symbols they display."

But is it all that bad? Are we as harried, stultified, and victimized as Mr. Packard says we are?

Mr. Packard's avowed purpose is admirable. He is filled with despair at the prospect he describes. He has described it precisely in the hope that something can be done—something to save the values of individual worth, initiative, and opportunity before they are swallowed up in snobbery, emulation, and caste. But he has chosen to do this by painting the picture blacker by far than it is; and there is a danger here that the method will defeat itself and backfire. Better to be realistic, even at the cost of having to admit one is well off, than to magnify the nightmare for the sake of its salutary effect.

Actually, we are living not so much in a status system as in the wreckage of one, a storeroom full of broken monuments. For the process of exploiting status is self-destructive and ruins each new idol that it raises. Once commerce gets its greasy fingers on a class distinction, there is little enough left of it. Given the effort and incentive, there is no honor, no

new

Delicious Chocolate Laxative

For smooth, gentle action,
the laxative of choice is
ZYMENTOL the original and only
emulsion with brewers yeast.
ZYMENTOL markedly promotes
the growth of E. Coli (B. Coli)
usually lacking in constipation.

Zymenol is now available
in chocolate flavor as well
as regular.

New Chocolate Zymenol has
been designed especially
for children and those
patients who dislike, and
have difficulty in taking an
unflavored emulsion laxative.

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irritant laxative drugs.*

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eminence, no ornament that cannot be cheapened and coarsened and marketed to the millions. A hierarchy subject to merchandising is no longer binding on the independent individual—and this is what saves us.

Admittedly, the shell of the status system that we occupy can even now do damage to those unfortunates who go astray among its dingy, shattered statuary. But no one is required to. No one is compelled to engage in the bootless pursuit of symbols that have lost their meaning, or to keep up with the Joneses who are themselves merely seeking to keep up. The ordeal of competitive consumption is not mandatory. We are not condemned to take the worn-out system seriously. And its true victims are not the skeptics but the faithful, those who haven't yet seen the flaw within the marble, and still believe in the fallen gods.

"Status" has still another hold on the current American imagination, derived from the parlor-game fascination that comes of putting people in handy pigeonholes. And so we looked at one another with wild surmise and saw much that fell into patterns, like Madison Avenue, button-down shirts, gray flannel suits. There were satisfactions to be had in naming the new categories and guessing where one stood in them oneself.

Yet the professional sociologists need more than this term "status" to explain how society functions, and many of them are far from satisfied with it. A shelfful of books has prepared the way for Vance Packard, but they do not support him. For many

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brand of salicylanilides

Geigy

inflammation takes flight



a new development in nonhormonal, anti-inflammatory therapy

more specific than steroids—

Acts directly on the inflammatory lesion without altering pituitary-adrenal function...
without impairing immunity responses.⁸⁻¹¹

more dependable than enzymes—

Rapid and complete absorption, without the uncertainty of oral or buccal enzyme therapy.⁹

more potent than salicylates—

Anti-inflammatory potency of Tandearil markedly superior to aspirin.¹²

Remarkably useful in a wide variety of inflammatory conditions, including: rheumatoid arthritis, spondylitis, osteoarthritis^{1-3,5}; gout^{1-4,6}; acute superficial thrombophlebitis⁷⁻⁹; painful shoulder (peritendinitis, capsulitis, bursitis, and acute arthritis of that joint)¹⁰; severe forms of a variety of local inflammatory conditions^{8,9,10}.

The physician should be thoroughly familiar with the dosage, side effects, precautions and contraindications of Tandearil before prescribing. Full product information available on request.

For further information, call or write to: Geigy Pharmaceuticals, Inc., 1000 Washington Avenue, Fort Lee, New Jersey 07024.

References:
1. Thom, W., Canad. M.A.J., 83:1005 (May 14).
2. Vaughn, P. P., Howell, C. S., and Kuhn, J. M., Ann. Rheum. Dis., 21:12, 1960. 3. O'Keefe, J. J., Ann. Rheum. Dis., 21:12, 1960. 4. Comell, J. F., Jr., Ann. Rheum. Dis., 20:105, 1959. 5. Comell, J. F., Jr., Ann. Rheum. Dis., 20:105, 1959. 6. Smith, J. D., and B. B. et al., in *Contemporary Rheumatology* 1959, p. 600. 7. Smith, J. D., Ann. Rheum. Dis., 20:227 (March 20) 1960. 8. Thom, W., and Thom, W., *Physician* 1959, 1959. 9. Thom, W., and Thom, W., *Physician* 1959, 1959. 10. Thom, W., and Thom, W., *Physician* 1959, 1959.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
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New, more effective analgesic

Kills pain



stops tension

For neuralgias, dysmenorrhea, upper respiratory distress, and postsurgical conditions... new compound kills pain, stops tension, reduces fever—gives more complete relief than other analgesics.

Soma Compound is an entirely new, totally different analgesic combination that contains three drugs. First, Soma: a new type of analgesic that has proved to be highly effective in relieving both pain and tension.* Second, phenacetin: a "standard" analgesic and anti-

pyretic. Third, caffeine: a safe, mild stimulant for elevation of mood. As a result, the patient gets more complete relief than he does with other analgesics. Soma Compound is nonnarcotic and nonaddicting. It reduces pain without impairing the natural defense reflexes.*

NEW NONNARCOTIC ANALGESIC

soma® Compound

Composition:
Soma (carisoprodol), 200 mg.;
phenacetin, 160 mg.;
caffeine, 32 mg.
Dosage: 1 or 2 tablets q.i.d.
Supplied: Bottles of 50
apricot-colored, scored tablets.

NEW FOR MORE SEVERE PAIN

soma Compound + codeine

BOOSTS THE EFFECTIVENESS OF CODEINE: Soma Compound boosts the effectiveness of codeine. Therefore only $\frac{1}{4}$ grain of codeine phosphate is supplied to relieve the more severe pain that usually requires $\frac{1}{2}$ grain. **Composition:** Same as Soma Compound plus $\frac{1}{4}$ grain codeine phosphate. **Dosage:** 1 or 2 tablets q.i.d. **Supplied:** Bottles of 50 white, lozenge-shaped tablets; subject to Federal Narcotics Regulations.



WALLACE LABORATORIES • Cranbury, N. J. *References available on request.

have pictured the masks we wear, as he has, only to make us uncomfortable. And many have reminded us in louder tones than his that there is no alternative to the Self.

It will be argued that all this applies only to an intelligent minority of Americans. A far larger number, you may say, are still engaged in the indefatigable pursuit of all the status symbols they can lay their hands on, and show no signs of slackening. Maybe so. But let us look then at the circumstances in which they run this mournful race. It is not to the swift, nor are the prizes—the external symbols of status—made of pure metal.

Let it be stipulated that in this, our most favored country, the Great Game of Consumption has become a free-for-all. We have an economy based on the principle that everyone should consume, to keep the wheels of mass production turning. We have reconciled ourselves to taxes and subsidies that buoy up some classes and drag down others. All are brought within the limits of the Game and made subject to its rules. These require that everyone should seek to replace whatever he owns with something better, thus moving up the ladder of status. The rules require also that the objects available should become more and more alike. As a result, the ladder gets shorter and shorter; the incentives to climb it diminish in proportion; and here the best of status systems fail.

Consider the manufacture that has done more than any other to put status on a paying basis: automobiles. This was the industry where the oppor-



sore throat stopped the show

Sheridan Square Playhouse, New York

When sore throats need attention, Tetrazets offer prompt relief of discomfort as well as effective triple antibiotic action. On stage or off, pleasant, raspberry-flavored Tetrazets take the pain and harshness out of sore, irritated throats.

Tetrazets for mouth and throat irritations, after tonsillectomy, and as adjunctive therapy in Vincent's infection, pharyngitis, and tonsillitis.

Supplied in bottles of 12. Usual dosage — 1 troche every 3 hours for not more than 2 days. TETRAZETS is a trademark of Merck & Co., Inc.



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Troches

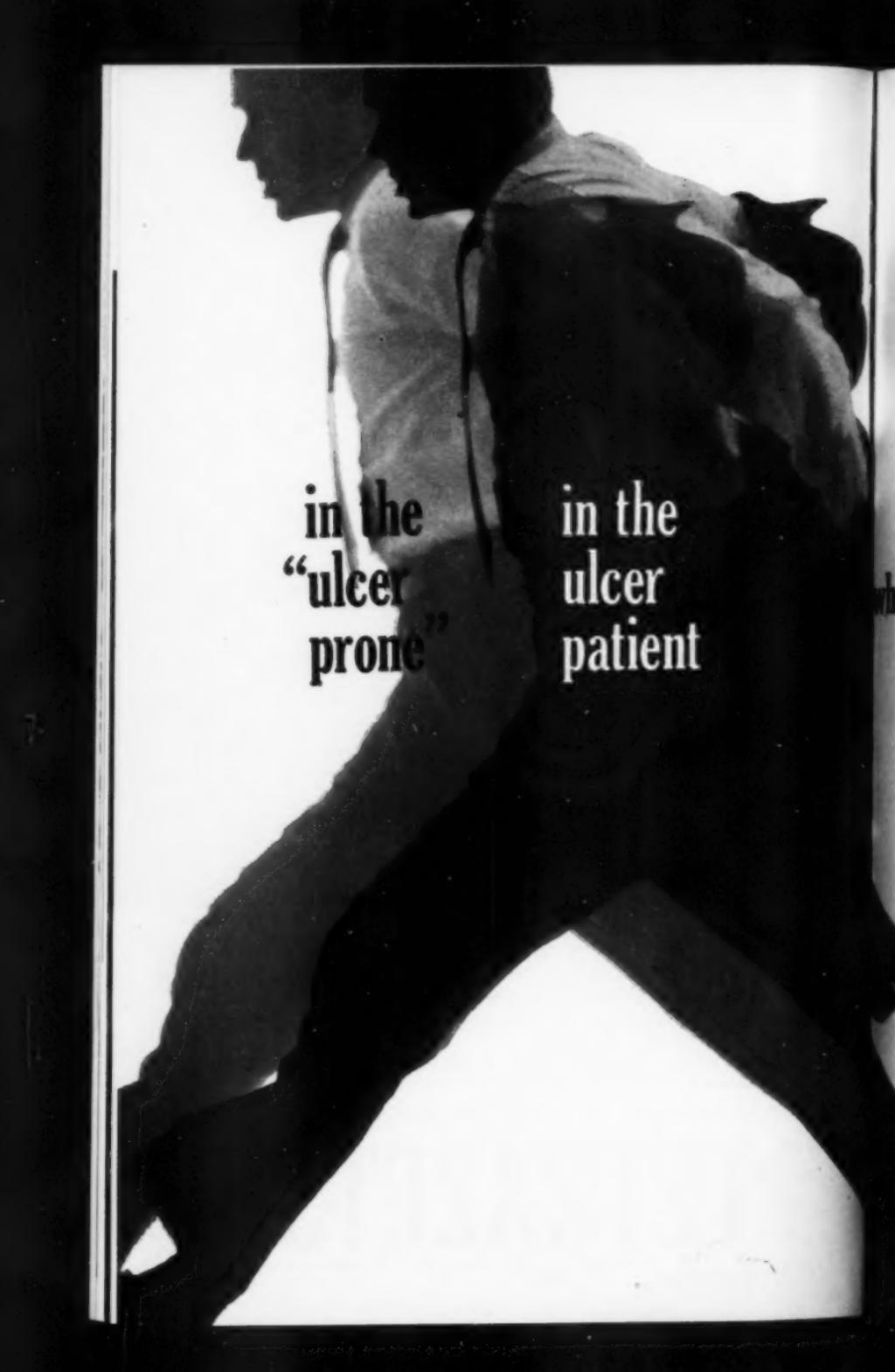
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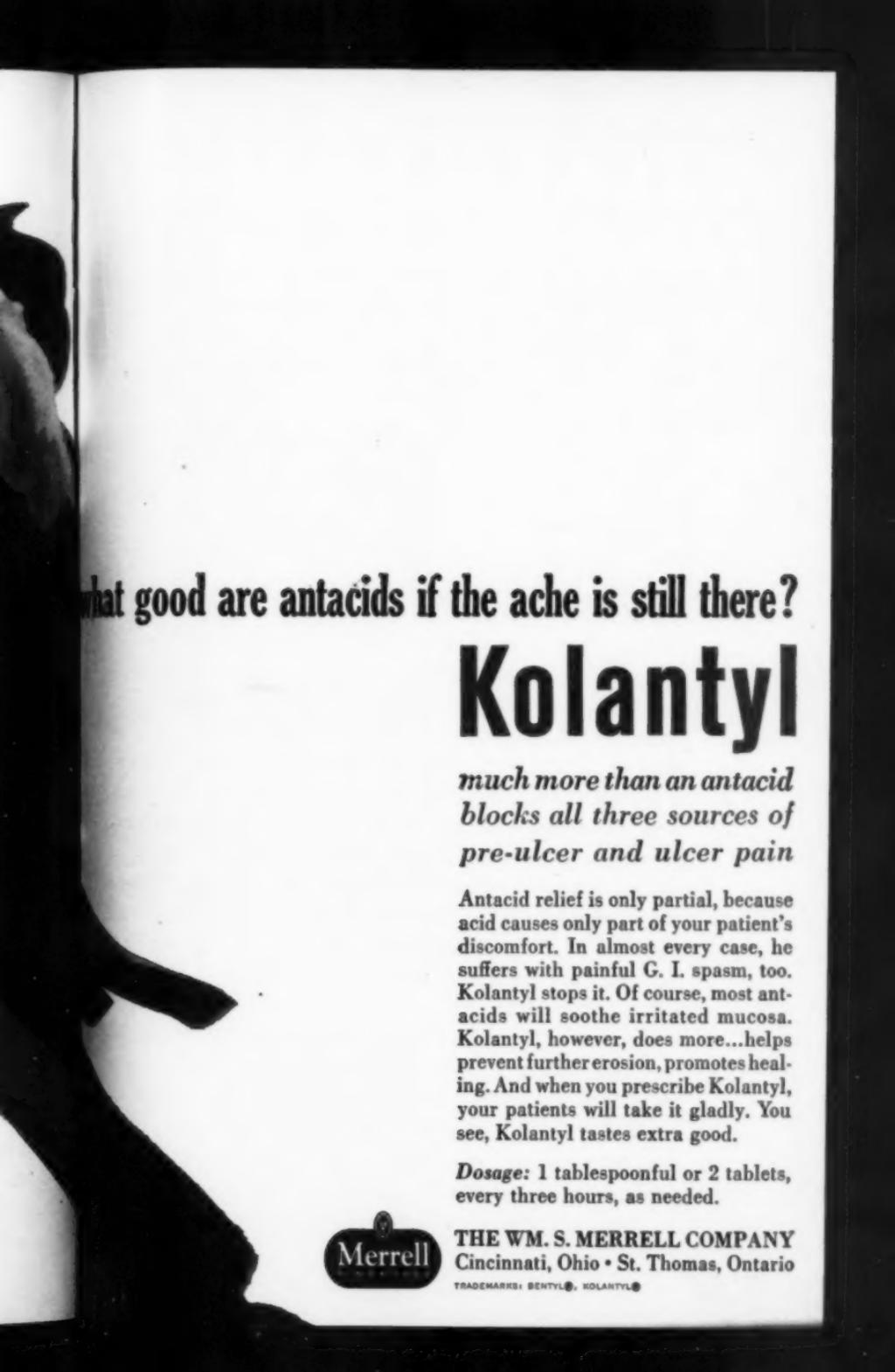
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ril 10, 1961



in the
"ulcer
prone"

in the
ulcer
patient



What good are antacids if the ache is still there?

Kolantyl

*much more than an antacid
blocks all three sources of
pre-ulcer and ulcer pain*

Antacid relief is only partial, because acid causes only part of your patient's discomfort. In almost every case, he suffers with painful G. I. spasm, too. Kolantyl stops it. Of course, most antacids will soothe irritated mucosa. Kolantyl, however, does more...helps prevent further erosion, promotes healing. And when you prescribe Kolantyl, your patients will take it gladly. You see, Kolantyl tastes extra good.

Dosage: 1 tablespoonful or 2 tablets,
every three hours, as needed.



THE WM. S. MERRELL COMPANY
Cincinnati, Ohio • St. Thomas, Ontario

TRADEMARKS: BENTYL®, KOLANTYL®

tunity first arose to give the customer more than he wanted—the intangibles of style, convenience, and self-satisfaction. The auto makers learned how to use the added increment of symbolism to make the difference between a passably successful product and one that sells in quantity. The automobile was not simply an automobile. It was an expression of power, of sex, and of prestige. It became the status symbol par excellence. "If you've earned it," read the Cadillac advertisements in magnificent simplicity, "why hesitate?"

Then mass production began to work its homogenizing magic. Once there had been many makes of cars, many levels of ownership. Gradually they had shaken down to the so-called lower-, medium-, and upper-price ranges. But nobody wanted to be low man on this totem pole. So one by one, the lower-price cars became longer, beefier, faster, and fancier. Soon there was no such thing as the "medium-price" range, and a grandiose effort to invade it—by the Edsel—fell resoundingly on its face. Where once there had been a recognizable ladder, there was now an undifferentiated blur. "Why buy a Buick," ran the Detroit gibe, "when for \$200 more you can get a Chevrolet?"

Concurrently with the disintegration of the automotive ranking system, a large number of customers were indicating that they simply wanted no part of it. Money that used to go into Detroit automobiles was now going elsewhere: into boats, swimming pools, winter vacations, elaborate sports equipment, or, most scandalous of all, Volkswagens. The foreign

COUMADIN®

FOR ORAL, INTRAVENOUS OR INTRAMUSCULAR USE

the proven anticoagulant for long-term maintenance

now more widely prescribed
than all other oral
anticoagulants
combined



152,000,000
Over 131,000,000 doses
administered to date



Over 125 published papers
since 1953



the original and only warfarin
responsible for establishing
this drug as closely approach-
ing the ideal anticoagulant.^{1,2}

1. Baer, S., et al.: J.A.M.A. 167:704,
June 7, 1958. 2. Moser, K. M.: Disease-
a-Month, Chicago, Yr. Blk. Pub., Mar.
1960, p. 13.

Full range of oral and parenteral
dosage forms —

COUMADIN® (warfarin sodium)
is available as: Scored tablets —
2 mg., lavender; 5 mg., peach;
7½ mg., yellow; 10 mg., white;
25 mg., red. Single Injection Units
— one vial, 50 mg., and one 2 cc.
ampul Water for Injection; one
vial, 75 mg., and one 3 cc. ampul
Water for Injection.

Average Dose: Initial, 40-60 mg.
For elderly and/or debilitated pa-
tients, 20-30 mg. Maintenance,
5-10 mg. daily, or as indicated by
prothrombin time determinations.

*Manufactured under license from the
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Complete Information
and Reprints on Request



ENDO LABORATORIES
Richmond Hill 18, New York

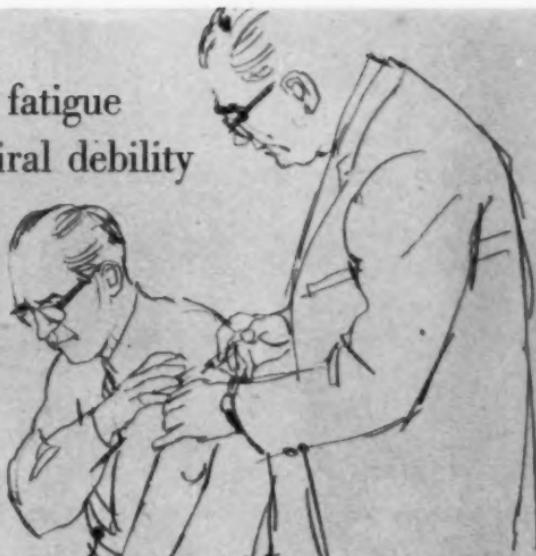
car is a perfect example of the device that can take over when a status system dies. It's a way of clearing the board, of saying, "Thanks just the same, but I won't play any more."

Thus always with tyrants. There is no safety in status when everyone else is after the same thing and, what is more, can get it. Idleness and wealth have been scattered with a generous hand. The heady atmosphere of abundance even creates new and unheard-of ostentations, like the luxury of refusing to consume at all: of being "beat," of designing buildings without decoration, or of going on diets. "The difference between your country and mine," a Soviet Russian official said to me last year, "is that in Moscow now the signs in the stores say *high-calorie* bread."

No one is more victimized in this rat race than the well-to-do. Pity the people who live on large but taxable salaries, who imagine they have earned their way up in the world, who have accumulated expectations at a faster rate than even the really rich could realize them. According to Ernest Havemann, in *Life*, successful executives are the new exploited class. They not only have no savings, but "they are lucky to break even." Havemann describes families that are scarcely able to make it on \$50,000 a year. And none of their expenses—house, cars, servants, schooling, clubs, and charities—would have been considered out-of-the-ordinary for their status level when its manner of life was being formed.

Here again, we are prisoners of the past. Not ev-

in chronic fatigue
and post-viral debility



Durabolin

(nandrolone phenpropionate injection, Organon)

once every 7-14 days provides
safer, sustained anabolic revitalization

anabolic steroid	anabolic	/androgenic	duration
Testosterone propionate (i.m.)			3-4 days
Fluoxymesterone (oral)			1 day
Methyltestosterone (oral)			1 day
Norethandrolone (oral)			1 day
Durabolin (i.m.)			7-10 days

Chart adapted from Craig, P.: J. Okla. St. M.A. (June) 1960.

Green bar represents anabolic potency;
gray bar shows relative androgenicity

Supplied: 5-cc. vials, 1-cc. ampuls (box of 3)
25 mg. nandrolone phenpropionate/cc.



Organon Inc.,
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for effective progestational therapy—by mouth

NORLUTIN

(norethindrone, Parke-Davis)

potent oral progestational agent

When given in small, oral doses, NORLUTIN has shown itself capable of producing clinical results comparable to those of parenterally administered progesterone and has therefore proved valuable in many hormonal disorders of menstruation and pregnancy. Therapeutic efficacy in such cases may be attributed to the capacity of NORLUTIN for restoration of estrogen-progesterone balance. Through its more convenient route of administration, NORLUTIN also enhances patient cooperation...helps to maintain a more stable regimen.

NORLUTIN (norethindrone, Parke-Davis), 17-alpha-ethinyl-19-nortestosterone, 5-mg. scored tablets.

Indications: Progestational deficiencies. **Dosage** (assuming 28-day cycle): Amenorrhea, menstrual irregularity, functional uterine bleeding, infertility—5-20 mg. daily starting the fifth day of the cycle, ending the twenty-third day. Allow 5 days for withdrawal bleeding to occur. Habitual abortion—5 mg. twice daily on positive pregnancy test, through thirty-eighth week. Threatened abortion—20 mg. twice daily for five days, then 5 mg. twice daily through thirty-eighth week. Premenstrual tension, dysmenorrhea—10 mg. once or twice daily starting in pre-ovulatory phase, ending with the twentieth to the twenty-third day. Endometriosis—Treatment extends 6 to 9 months. Initially give 10 mg. daily for 2 weeks, increased by 10 mg. every 2 weeks up to 20 to 30 mg. daily. Pregnancy test—10 mg. daily for 3 days. Nonpregnant women will produce withdrawal bleeding within 2 to 4 days after cessation of therapy.

Precautions: Masculinization of the female fetus has been reported. Other side effects such as transient lethargy and nausea have also been reported. Spotting before calculated onset may indicate insufficient dosage. Development of hirsutism, change of voice, and acne have been reported as side effects.

Supplied: 5-mg. scored tablets, bottles of 30.

PARKE-DAVIS

PARKE, DAVIS & COMPANY, Detroit 25, Michigan



eryone suffers as the rich do, nor so comfortably. But we are all involved in the gap between demand and satisfaction—the gap that is supposed to keep us busily at work and to give our society its dynamic motive power. What is the incentive, if the goal is seen to be so dubious?

Escape from consumption has been the goal of this generation's pioneers. The first to be saddled with leisure in vast quantity, they have valiantly struggled to assimilate it. According to the viewers-with-alarm, they were going to become passive and moronic—television was the villain normally cited here. And yet the predication of universal passivity have notably failed to materialize.

Instead of occupying time, people have chosen to occupy themselves. They have deserted the spectator sports in droves. They have learned to do dozens of the menial, handicraft functions that become—in a full-employment society—so expensive. And some have even turned to the arts. One conference of academics mixed with businessmen, summoned to deplore the low state of our culture, was astonished by a bank vice-president who disclosed that he was a member of a chamber music group made up entirely of commercial fellows like himself.

It is true, on the other hand, that we cannot very well make sense to ourselves without coming to some kind of conclusion about the atmosphere for art that our society provides. We live in a Mass Culture—the combination of industrialism, distributed authority, consumer goods, and increasing literacy and leisure that first emerged in the U.S. But we

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in any rheumatic 'itis'

Scherer



'hand-itis'

IT MAY BE EARLY RHEUMATOID ARTHRITIS



'shoulder-itis'

IT MAY BE CHRONIC BURSITIS



'neck-itis'

IT MAY BE MYOFIBROSITIS



'ankle-itis'

IT MAY BE EARLY OSTEOARTHRITIS

The favored corticoid-salicylate compound. For more effective and comprehensive, yet conservative, treatment than either steroids or salicylates alone...the outstanding anti-inflammatory effect of prednisone¹...the supportive antirheumatic action of aspirin^{2,3}...to bring rapid pain relief and quiet the inflammatory process. SIGMAGEN offers less likelihood of treatment-terminating side effects.⁴ SIGMAGEN is available in bottles of 100 and 1000.

METACORTEN* (prednisone).....	safer, reduced dosage	0.75 mg.
Acetylsalicylic acid	supportive anti-inflammatory-analgesic	325 mg.
Aluminum hydroxide	a buffer for better toleration	75 mg.
Ascorbic acid	anti-stress supplementation	20 mg.

References: 1. Cohen, A., et al.: *J.A.M.A.* 165:225, 1957. 2. Spies, T. D., et al.: *J.A.M.A.* 159:645, 1955.
3. Stocher, R. M.: *Panel Discussion*, Ohio M. J. 52:1037, 1956.

Remission-in any rheumatic 'itis' Sigmagen®

FOR THE HYPERTENSIVE... LIFE



HYPERTENSIVE
INVALIDISM:

headache
dizziness
palpitations
tachycardia
anginal pain
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organic changes
edema
restricted salt intake

THE DIFFERENCE

MORE
LIFE:
hypertension
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...LIFE BECOMES MORE LIVABLE WHEN YOU PRESCRIBE

DIUPRES.

DIURIL[®] WITH RESERPINE
CHLORTHIAZIDE



- the first "wide range" antihypertensive
- effective by itself in a majority of patients with mild or moderate hypertension, and even in many with severe hypertension
- should other drugs need to be added, they can be given in much lower than usual dosage

DIUPRES-250

250 mg. DIURIL chlorthiazide, 0.125 mg. reserpine per tablet. One tablet one to four times a day.*

DIUPRES-500

500 mg. DIURIL chlorthiazide, 0.125 mg. reserpine per tablet. One tablet one to three times a day.*

*It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion-blockers, by at least 50 per cent immediately upon addition of these agents or of Diupres Tablets to the regimen.

Before prescribing or administering DIUPRES, the physician should consult the detailed information on use accompanying the package or available on request.

NSIVE
DISM:
headache
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edema
intake
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MORE NORMAL LIFE:

hypertensive symptoms
are usually relieved

anginal pain may be reduced
in incidence and severity

anxiety and tension
are usually allayed

organic changes may
be arrested or reversed

dietary sodium can
usually be liberalized

S DIUPRES



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DIUPRES AND DIURIL
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also live in a Class Culture—the complex of books and ideas, paintings and symphonies, judgments and aspirations, that is our inheritance from the Western European past. The two are sometimes at odds, though neither could very well exist without the other. Both have sharply defined characteristics, though they are often found jumbled together in confusion—like a paperback bookstore, with its row of titles cutting across a range of taste and quality from the best-seller to the out-of-print, from the sensational to the sententious, from Aristotle to Zen. This unassimilated diversity has become one of our most conspicuous qualities.

Of course, we are especially vulnerable whenever we try to show off our Class Culture. Asked what he had liked at an international music festival, a Parisian critic said, "The four Americans—Münch, Monteux, Balanchine, and Stravinsky." No matter how successfully we measure up to the traditional standards, we can always be dismissed at the last moment with the bland observation that our performance is unauthentic. Are California wines admirable? Unfortunately, they aren't French. Why can't we recognize first-rate piano players until someone else does it for us? Van Cliburn was well known to professionals before he went to Moscow, but he returned a folk hero. "They" approved of him, and "they"—being non-American—must know.

Time and again, we have produced genius that is indubitably our own, only to ignore it. Works we are now most proud of have often had to get their first hearing abroad. "Moby Dick" was published

The cigarette that made the Filter Famous!



It's true. Kent's enormous rise in popularity—with all the attendant magazine and newspaper stories—really put momentum to the trend toward filter cigarettes!

So, Kent is the cigarette that made the filter famous. And no wonder. Kent's famous Micronite filter is made from a pure, all-vegetable material. A specially designed process at the P. Lorillard factory compresses this material into the filter shape and creates an intricate network of tiny channels which refine smoking flavor.

Kent with the Micronite filter refines away harsh flavor . . . refines away hot taste . . . makes the taste of a cigarette mild.

That's why you'll feel better about smoking with the taste of Kent.

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A "localized capillary syndrome, associated with hemorrhage... actually serves to signal the threat of abortion."¹

Correction of abnormal capillary fragility "decreases the possibility of retroplacental hemorrhage, or enhances the efficacy of established therapeutic regimes."⁴

C.V.P. helps to diminish abnormal capillary permeability, fragility and hemorrhage by acting to maintain and restore the integrity of placental capillaries.

Each C.V.P. capsule or each 5 cc. of syrup provides:

Citrus Bioflavonoid Comp. . 100 mg.
Ascorbic Acid (vitamin C) . 100 mg.

Bottles of 100, 500 and 1000 capsules;
4 oz., 16 oz. and gallon syrup.

duo-C.V.P. (double strength) provides
in each capsule 200 mg. of
citrus bioflavonoid compound and 200 mg.
of ascorbic acid.

references: 1. Taylor, F. A.: West. J. Surg., Obstet. & Gynec. 64:280, 1956. 2. Ainslie, W. H.: Obstet. & Gynec. 13:185, 1959. 3. Pearce, H. A., and Trisler, J. D.: Clin. Med. 4:1081, 1957. 4. Grossblatt, H. B.: Obstet. & Gynec. 2:530, 1953.

arriage.

or carriage?

*in threatened or habitual aborters
...3 out of every 4 given CVP or duo-CVP
had live healthy babies^{1,2,3}*

CVP
the exclusive water-soluble
citrus bioflavonoid compound
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F. H. Ober.
H. A., and
7. A. Green.
1953.

first in London; so were the first poems of Robert Frost. Plans of the buildings of Frank Lloyd Wright were published first in Germany and Holland. Three of the most influential books about jazz have been written by Frenchmen.

Our sense of inferiority is perhaps one of the less fortunate by-products of Europe-mindedness in the colleges and universities. A generally low level of public taste is widely assumed. This opinion prevails in educated American circles: that it is made up of gimerack stuff; that it casts a pall of mediocrity over the rest of us; that it rots democracy, corrupts taste, defeats education, subverts the true and beautiful, and ought to be prohibited.

Heaven knows there is nothing the popular arts need more than criticism—the more astringent, the better. But a distinction has to be made between criticizing the products of Mass Culture and damning it for its very existence. "Culture" is not a set of objects and abstractions. It is a process. It is our effort to make a significant pattern, in sounds or colors or words, out of our fugitive and chaotic sense impressions. "Culture" is the attempt; "art" is the infrequent, the ever-to-be-hoped-for success.

We Americans live, right now, not in one economy but two: an economy of Abundance, yet one also of Scarcity. I use the term "Scarcity" to identify an ethical system under which success is understood to result from effort, and effort expects to be rewarded, while "Abundance" denotes that other universe whose ultimate purpose has been described as one of keeping the tidal wave of consumer goods in mo-

For demonstrably greater relief in asthma¹

BRONKOTABS®

CLEARs the bronchial tree of thick mucus and **DILATES** the bronchioles

Bronkotabs is more effective because it is more comprehensive in treatment. First, Bronkotabs dilates bronchioles, combats local edema and provides mild sedation.

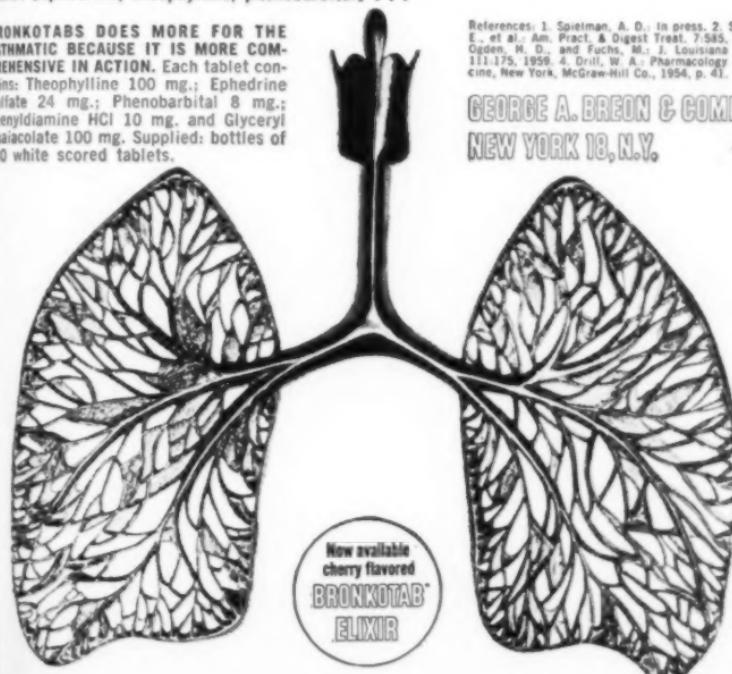
In addition, Bronkotabs decongests, using a most effective expectorant (glyceryl guaiacolate)² to liquefy and help expel the thick, tenacious mucus which is the cause of much of the respiratory distress in chronic asthma.³ Since asthma is a chronic allergic disease of the bronchial tree,³ Bronkotabs also supplies a highly efficient antihistamine (thiethylamine) for prophylactic maintenance.⁴ Marked and consistent relief of symptoms with minimum side effects can be expected with a dose of one tablet every three or four hours, not to exceed five times daily.

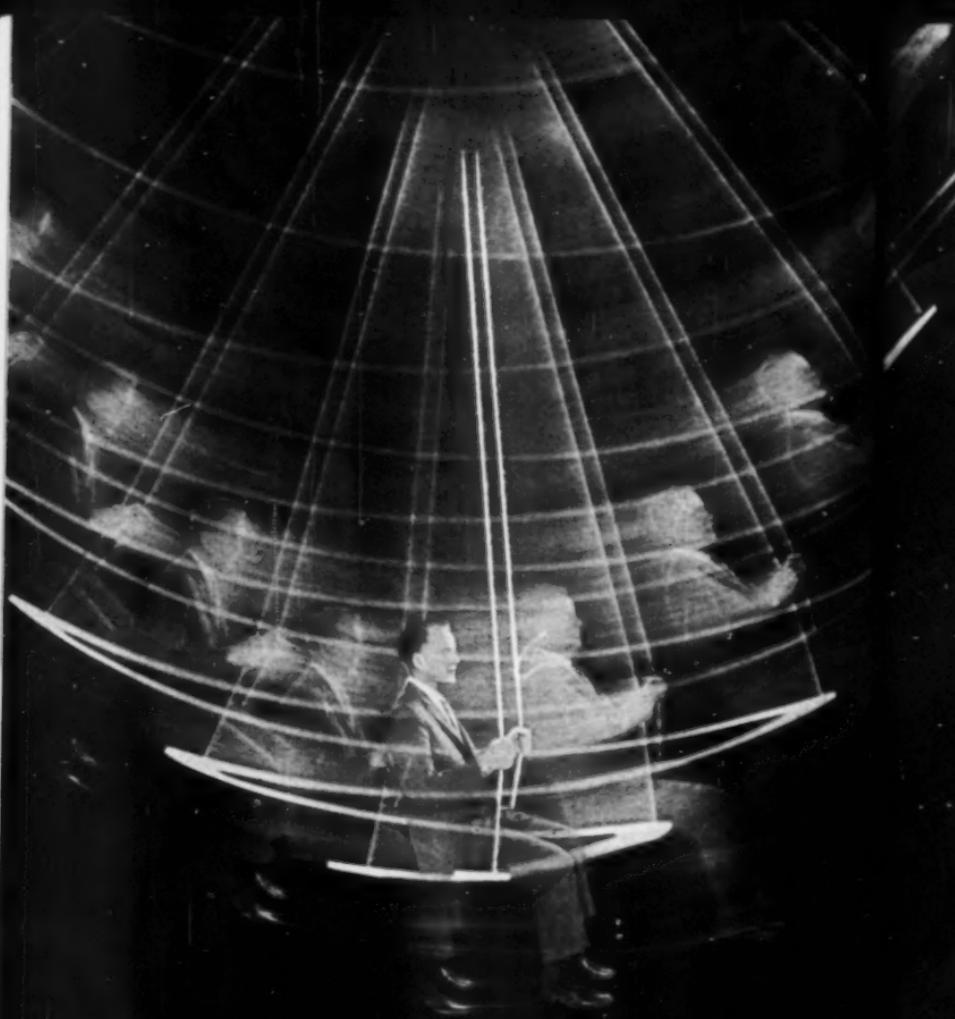
In a recent study¹ of 40 patients with asthma, 33 patients (82.5%) reported Bronkotabs brought fair to good relief from asthmatic symptoms. Asthma relief was expressed by ease of expectoration of secretions, reduction of bronchospasm, and increased vital capacity. "The combination of drugs used in... [BRONKOTABS]... gave greater relief in these patients than the conventionally used tablet [ephedrine, theophylline, phenobarbital]..."

BRONKOTABS DOES MORE FOR THE ASTHMATIC BECAUSE IT IS MORE COMPREHENSIVE IN ACTION. Each tablet contains: Theophylline 100 mg.; Ephedrine Sulfate 24 mg.; Phenobarbital 8 mg.; Thiethylamine HCl 10 mg. and Glyceryl Guaiacolate 100 mg. Supplied: bottles of 100 white scored tablets.

References: 1. Spiegelman, A. D.: In press. 2. Schwartz, E., et al.: Am. Pract. & Digest. Treat. 7:585, 1956. 3. Ogden, R. D., and Fuchs, M.: Louisiana M. Soc. 111:175, 1959. 4. Drill, W. A.: Pharmacology in Medicine, New York, McGraw-Hill Co., 1954, p. 41.

GEORGE A. BREON & COMPANY
NEW YORK 18, N.Y.





limits
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blood-pressure
swing



Rautrax-N lowers high blood pressure gently, gradually...protects against sharp fluctuations in the normal pressure swing.

Rautrax-N offers all the advantages of Raudixin, Naturetin and potassium chloride in a single dosage form *plus*:

increased efficacy—Combined action of Raudixin and Naturetin results in a potentiated antihypertensive effect greater than that produced by either drug alone.

increased safety—Potentiated action permits lower dose of other antihypertensive agents, thus reducing severity of side effects. Protection against possible potassium depletion.

flexibility—Interchangeable with either Raudixin or Naturetin $\ddot{\text{C}}$ K.

economy—Maintenance dosage of only 1 or 2 tablets daily for most patients.

convenience—Once-a-day maintenance dosage. Two potencies available.

Supply: Rautrax-N—capsule-shaped tablets providing 50 mg. Raudixin, 4 mg. Naturetin and 400 mg. potassium chloride. Rautrax-N Modified—capsule-shaped tablets providing 50 mg. Raudixin, 2 mg. Naturetin and 400 mg. potassium chloride.



Rautrax-N*

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin)
and Bendroflumethiazide (*Naturetin) with Potassium Chloride



SQUIBB
Squibb Quality—
the Priceless Ingredient

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Product Reference
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*RAUDIXIN®, *RAUTRAX-N® AND *NATURETIN® ARE SQUIBB TRADEMARKS.

tion. The two economies have come to co-exist, different though their standards may be.

What was once a simple disparity between rich and poor is now a disparity between two standards of worth, operating side-by-side, so to speak, in the same market. Realistically speaking, most of us pay and are paid in a mixture of both currencies; our lives are miniature versions of the national dilemma; we are never quite sure when we are supposed to be putting out or when we can take it easy.

What Abundance requires are wants that cannot be too easily satisfied, that are, best of all, insatiable. Only one category of wants fits this definition: the intangible wants, and they are infinite. Only the pursuit of esthetic, moral, or intellectual ends can go on indefinitely. They are therefore the only goals that an Abundant Society can seek without devitalizing itself.

To put it another way, the oversupply of things material increases, rather than diminishes, the demand for things spiritual. As Mary McCarthy once wrote, "Until you have had a washing machine, you cannot imagine how little difference it will make to you."

In the past, the demands of Scarcity were at least categorical. To build an empire, settle a continent, make a fortune, write a masterpiece, or be a "great man"—these may have been unattainable for the majority, but they were clear. If you chose to respond to them, no one was in any doubt as to what you were doing. That kind of individualism was a forced growth, a neurotic insistence on the self to

Corticotherapy in brief

Disease:

Rheumatoid arthritis

Use of oral Medrol:

In severe or moderately severe cases, initial dosage of Medrol tablets is 8 to 16 mg. daily; maintenance dosage ranges from 4 to 12 mg. daily, adjusted stepwise every 5 to 10 days in accordance with response. In children, and also in adults with moderate disease, both initial and maintenance dosage is Medrol 4 to 8 mg. daily.

"It [methylprednisolone] is potent and displays a slightly improved 'safety' record, showing a reduced frequency of disturbing side-effects as compared with the other steroids."

—Neustadt, D. H.: J.A.M.A. 170:1253 (July 11) 1959.

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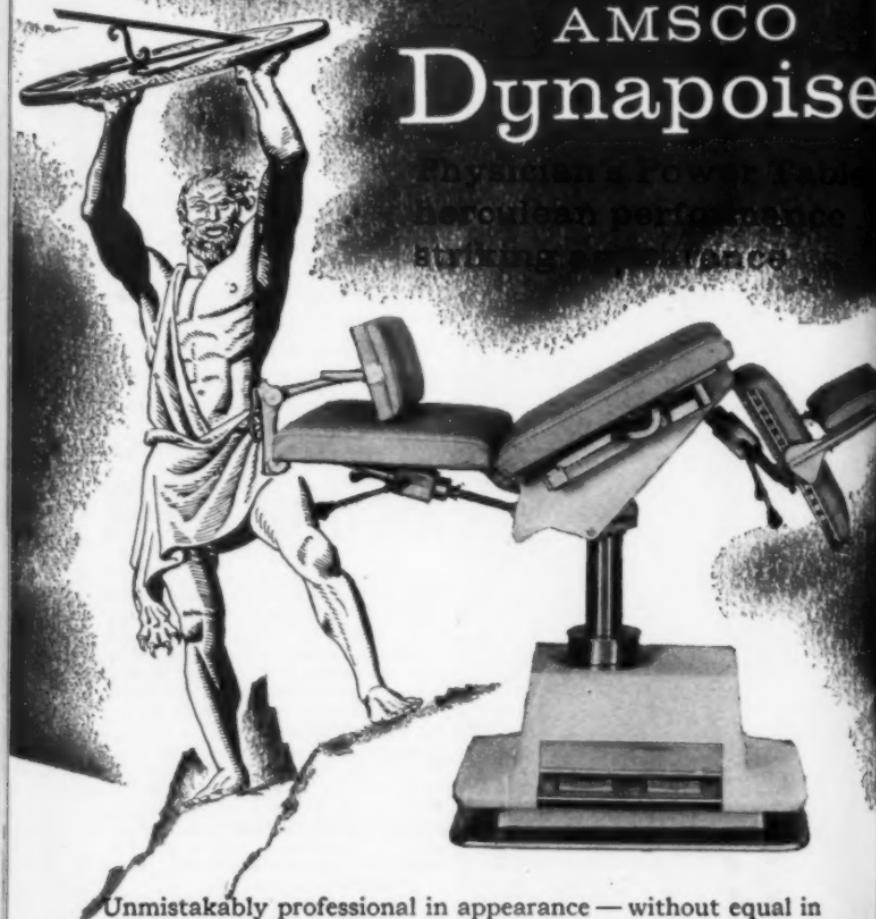
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the exclusion of all others, and often enough it would bloom into monstrous ego.

But the demands of Abundance are for skill, perspective, considerateness, and—hardest of all—for individuality strong enough not to need the old-fashioned, monomaniac supports. The opportunity of this era is not only for the self, but for innumerable selves—all of them we can accommodate. It is in this that we have left precedent behind.

Until our dirty and disreputable industrial civilization came along, even the modest range of cultural experience that the arts represent was foreclosed to all but a tiny minority. Individualism as we know it, as a possibility for the many, did not exist until modern times. A society that makes individualism possible is a new thing. One that could endure would be our most admirable artifact.

To say it once again, Abundance is not a social soporific but a call on society and its members to transcend themselves. It leaves us no alternative but to think. I have nowhere found this better stated than in a remark of Gregory Corso, the beatnik poet, to columnist Art Buchwald. Mr. Corso was explaining that poetry was taking over the country, that soon the bankers would be beatniks too and open the vaults, and then we would all be rich. "It won't be long before everyone will sit in bed eating big fat pies," he said. "They got machines now to do the work. People got to start thinking. That's what's going to save us. Everyone staying in bed and eating big fat pies and thinking." There won't be anything else to do.

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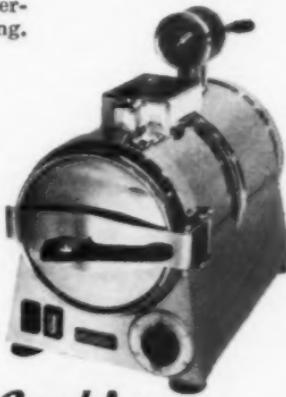


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Memo from the editors

Medical Economics, April 10, 1961

If you're not typical

"How typical are you?" this column asked last month. If you measured yourself against the data given there for MEDICAL ECONOMICS' typical reader—age 47, three children, a \$35,000 home, 6,500 patient-visits a year, an after-tax net income of \$18,900, and so on—you may well have found that you weren't at all typical. Think what this means to the editors:

You may be 25 or 75 years old—and still we want to print articles of special interest to your age group. You may be a bachelor living in an apartment or a large-family, country-estate type—and still we aim to print articles pertinent to your personal finances. You may be an allergist or an X-ray specialist, salaried assistant or group head, rural practitioner or big-city consultant—and still we hope to help you with your practice. How can we hit so many diverse targets?

We can't hit them all at once. But issue by issue, we deliberately draw a bead on minority groups of readers and give them

what they've asked for. Thus:

¶ "What are the pros and cons of returning to my home town to practice?" one young doctor asked. His question reminded us that others have asked it too. Hence our forthcoming article "What It's Like to Practice in Your Home Town."

¶ "I'm in the market for a second house," an older doctor told us. "Something simple that my family can use during the summer. Got any suggestions?" Coming: "Best Buy in a Vacation House."

¶ "How about some useful tips for us doctors who do a lot of public speaking?" several medical leaders have asked. Coming: "Dos and Don'ts When Using a Mike."

Of course, most articles in this magazine deal with more typical problems—those of the majority of practicing physicians. But whenever a substantial minority of readers seem interested in a special problem, we'll take it up in print. All we need from you, if you're not typical, is some indication of what your special problem is. We're listening. . .

END